



MENESY MEDICAL LLC

APPLICATION FOR EMPLOYMENT
(Please print and complete this application in detail)

Last Name		First Name		Date
Street Address City, State, Zip				
Social Security Number		Home Phone		Cell Phone

Have you ever applied for employment with us? If Yes, when? _____

Have you ever been convicted of a felony or misdemeanor? _____

Please explain: _____

(A conviction will not necessarily disqualify applicant from the job applied for.)

Emergency Contact	Relationship	Telephone
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Position applying for: Salary/ Rate desired:

Employment desired: Full Time Part Time

Days available: Mon Tues Wed Thur Fri Sat Sun	Will you work holidays or weekends? Yes or No	Available start date: _____
What shift are you willing to work? Day Evening Night Rotating	Will you work overtime? Yes or no	
Have you ever worked for Menesy Medical LLC? Yes or No	Who referred you to Menesy Medical LLC?	
Are you related to anyone who is/was employed by Menesy Medical LLC? If yes, what is the name? _____		
Are you a U.S citizen or permanent residence or have other forms of authorization to work in the U.S? Yes or No	Are you age 18 or over? Yes or no	
Have you ever been convicted of any felony, plea of nolo contendere except minor traffic offences? Yes or No if yes, please explain		
Do you consent to close record check pursuant to section 610.210 RSMO? Yes or No if yes, please explain		
Do you consent to Pre-employment criminal record check? Yes or no If yes, please explain		
Do you have experience in In-home Health Care Service? Yes or no. Please explain		
A conviction is not necessarily a bar of employment		

Have you ever been convicted of, or pled guilty or nolo contendere, or received a suspended imposition of sentence in a criminal prosecution under the laws of any state or the United States (regardless of whether incarcerated actually occurred? (Driving while intoxicated (DWI) charges are not considered minor traffic violations.) If yes, this does not necessarily exclude you from employment consideration, but falsification or omission of this information will disqualify you for employment or result in disciplinary action for current employees, which may include dismissal. If yes, give full explanation and dates and locations (city and state) of all convictions, pleas of guilty or nolo contendere, whether convictions were misdemeanor or felonies; and state if you are on or have been on supervised or unsupervised probation. Use additional page if necessary.
Yes () No ()

Pursuant to state and federal laws, your social security number will be used for employment purposes only. It may be used for the following: (1) To conduct criminal record checks, (2) To verify information provided in your application, (3) For identification purposes in disciplinary database. If you fail or refuse to provide your social security number, you will not be considered for employment.

Emergency Contact: _____ How is this person related to you? _____
 Address: _____
 Telephone number: () _____

Menesy Medical LLC is an equal opportunity employer and does not discriminate or deny anyone employment on the basis of race, creed, color, sex, marital status, age, national origin, handicap, veteran status, or sexual preference, except when age or physical requirements constitute a bonafide occupational qualification necessary to proper and efficient operations or as provided by law. No question on the application is intended to obtain information to be used for such discrimination



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EDUCATION AND CERTIFICATION				
Name and Location	Years completed		Grade average	Degree Earned
High School	9	10 11 12		
College	FR	SO JR SR		
Graduate/Post graduate				

LICENSES, SPECIALIZED SKILLS AND TRAINING		
CNA	Current? Yes or no	Number of years certified
RN	Current? Yes or no	Number of years certified
LPN	Current? Yes or no	Number of years certified
State of licensure		
Have you ever had your certificate or license revoked or suspended? If yes, please explain		

EMPLOYMENT HISTORY (MOST RECENT FIRST)

Company Name:	Telephone:
Address:	Employed (Month and Year) From ---- To
Name of Supervisor:	Weekly or Yearly Pay: Start pay----- End pay-----
Job Title and Description of duties:	Reason for Leaving:
Company Name:	Telephone:
Address:	Employed (Month and Year) From-To-
Name of Supervisor:	Weekly or Yearly Pay. Start pay-- End pay-----
Job Title and Description of duties:	Reason for Leaving:
May we contact your employer? Yes or No	
Company Name:	Telephone:
Address:	Employed (Month and Year) From ----
Name of Supervisor:	Weekly or Yearly Pay Start pay--- End pay-----
Job Title and Description of duties:	Reason for Leaving:
May we contact your employer? Yes or No	



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Employee Emergency Information Form

Employee Name: _____

Address: _____

City: _____ State: _____

Telephone: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____

Telephone: _____ (1)
_____ (2)

Relationship to employee: _____

MENESY MEDICAL LLC's Office use only	
Name of Menesy Medical LLC Representative: _____	
Title of Menesy Medical LLC Representative _____	
Signature of Menesy Medical LLC Representative _____	Date _____

I, _____ with Social Security Number _____ have applied for employment with Menesy Medical LLC. I authorize them to collect any information concerning my qualifications and past performance. I hereby release the company or person completing this form from any and all liability in supplying the requested information.

Applicant's Signature _____ Date _____



REFERENCE INFORMATION

Name of Representative: _____ Title _____

Name of Company _____

Address _____

Phone Number () _____ Fax: () _____

EMPLOYMENT REFERENCE

(Applicant: Do not write below this line.)

Position Held: _____

Dates Employed: From _____ To _____

Reason for leaving _____

Would you rehire? _____ If no, why not? _____

PLEASE CHECK THE APPROPRIATE RATING

	Above Average	Average	Below Average
Quality of Work	_____	_____	_____
Dependability	_____	_____	_____
Cooperation	_____	_____	_____

Additional Comments: _____

Remarks: _____

Signature _____

Title _____

Date _____



TELEPHONE EMPLOYEE REFERENCE FORM

REFERENCE INFORMATION

Applicant Information: _____

Soc. Sec. No _____

Telephone _____

EMPLOYMENT REFERENCE

(Applicant: Do not write below this line.)

Position Held: _____

Dates Employed: From _____ To _____

Reason for Leaving? _____

Would you rehire? _____

If no, why not? _____

PLEASE CHECK THE APPROPRIATE RATING

	Above Average	Average	Below Average
Quality of Work	_____	_____	_____
Dependability	_____	_____	_____
Cooperation	_____	_____	_____

Additional Comments: _____

Signature _____

Title _____

Date _____