



We are an Equal
Opportunity
Employer and is
committed to
excellence
through diversity.

CDS Attendant Application

Name _____

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a Valid Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Is there someone in particular you desire to work for? _____

Verify that you meet the following qualifications: Are at least 18 years of age; able to meet the physical and mental demands required to perform specific tasks of the Consumer; agree to maintain confidentiality; be emotionally mature and dependable; be able to handle emergency situations; and not be the Consumer's spouse? ☐ Yes ☐ No

I confirm that I am not a spouse or legal guardian of the listed consumer? ☐ Yes ☐ No

Do you have any criminal convictions, findings of guilt, pleas of guilt, and/or pleas of non contendere except minor traffic offenses? ☐ Yes ☐ No Failure to disclose any criminal information is a violation of the law. This includes any offense at any time.

I consent to a pre-employment criminal record check? ☐ Yes ☐ No

I consent to a closed records check pursuant to Section 610.120 RSMo? ☐ Yes ☐ No

Please disclose all aliases and SSN's that you have used? _____

List days/hours of weekly availability:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

Are you available and/or willing to come in with short notice or be on-call? ☐ Yes ☐ No

Do you give Applewood In Home Health permission to list your information (Name, City, Phone Number) on the Attendant Registry that is released upon request to CDS Consumers assisting them in hiring an Attendant? ☐ Yes ☐ No

The following are tasks that are required for some positions. Please check the following duties you are willing to perform: ☐ Bladder Care ☐ Equipment Maintenance ☐ Household Management ☐ Transfers ☐ Bathing/Showering ☐ Bowel Care ☐ Grooming & Hygiene ☐ Laundry ☐ Turning in Bed ☐ Assistance with Eating ☐ Meal Clean Up ☐ Meal Preparation ☐ ROM Exercises ☐ Transportation ☐ Dressing/Undressing ☐ House Cleaning ☐ Medications ☐ Shopping

By initialing below, I consent to a criminal background screening and a closed record check to assist in determining my eligibility for this position. If there is a negative report on my background screening I understand that I may apply for a Good Cause Waiver. I also understand that is Employer participates in E-Verify to verify my eligibility for employment in the United States

Initials

Date of Birth

Education

School Name	Location	Years Attended	Degree Received	Major

References – Must list 2

Name	Relationship	Company	Phone

Employment History

Employer (1)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Employer (2)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	
