



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**

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Initials

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Date of Birth

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

## 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	