



# EMPLOYMENT APPLICATION

(314) 435-1009

**Farmington, MO**  
P.O. Box 1256  
Farmington, MO 63640

**St. Louis, MO**  
4760 Mehl Ave.,  
St. Louis, MO 63129

## PERSONAL INFORMATION:

Today's Date: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

\_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

Valid Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever submitted an application with Detring Home Healthcare before? YES / NO  
if yes, when? \_\_\_\_\_

Have you ever been employed with Detring Home Healthcare before? YES / NO  
if yes when? \_\_\_\_\_

How did you hear about Detring Home Healthcare?

Are you able to perform the essential functions of the job you are applying, with or without reasonable accommodation YES / NO

Why are you interested in employment with Detring Home Healthcare? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY:**

What date are you able to begin work? \_\_\_\_\_

Please indicate the days of the week as well as the earliest and latest times that you are available to work:

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM / TO	/	/	/	/	/	/	/
FROM / TO	/	/	/	/	/	/	/

**JOB RELATED SKILLS:**

Please indicate the types of services which you are willing to provide:

- Meal Preparation
- Housekeeping (dust/vacuum)
- Laundry/Ironing
- Medication Reminders
- Errands/Transportation\*
- Personal Care
- Dementia/Alzheimer’s Care
- Bathing
- Lifting
- 1-3 Hour Shifts
- Live-In Care
- Emergency Backup (hours vary)

*\*In order to be able to provide transportation or run errands, you will be required to have a valid driver’s license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

**ELIGIBILITY:**

- Are you a legal U.S. Citizen?       YES       NO
- Are you eligible to work in the U.S.?       YES       NO





**SECURITY:**

Please be sure to complete the attached Authorization to do a criminal and motor vehicle background check.

Are you at least 19 years of age?  YES  NO

List States and Counties of residence for the last seven (7) years: \_\_\_\_\_

Have you had any moving traffic violations?  YES  NO  
if yes, please describe: \_\_\_\_\_

Have you been charged/convicted of a felony and/or misdemeanor and/or served time?  YES  NO  
if yes, please describe:

1) \_\_\_\_\_  
Incident City, State Charge

2) \_\_\_\_\_  
Incident City, State Charge

**EDUCATION\*:**

\* For employment, our minimum education requirement is a GED or High School Diploma

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

SCHOOL TYPE	SCHOOL NAME	CITY, STATE	MAJOR/SUBJECT	# YEARS	GRADUATED
High School					<input type="checkbox"/> Y <input type="checkbox"/> N
Vocational/Technical					<input type="checkbox"/> Y <input type="checkbox"/> N
College/University					<input type="checkbox"/> Y <input type="checkbox"/> N

**TRAINING, CERTIFICATIONS & LICENSES:**

CERTIFICATION / LICENSE TYPE	DATE	LICENSE NUMBER

Have you ever had your license suspended or revoked?  YES  NO

If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY:**

Your application will NOT be considered unless ALL questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone number of previous employers is essential.

**Most Resent Employer:**

Company _____	City _____	State _____	Phone Number _____
From: _____ To: _____ Employment Dates	Job Title _____	Supervisor's Name _____	
Duties _____			
\$ _____ per: _____ Salary (Hour/Week/Year)	Reason for Leaving _____		
Are you currently working for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Second-Most Resent Employer:**

Company _____	City _____	State _____	Phone Number _____
From: _____ To: _____ Employment Dates	Job Title _____	Supervisor's Name _____	
Duties _____			
\$ _____ per: _____ Salary (Hour/Week/Year)	Reason for Leaving _____		
Are you currently working for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Third-Most Resent Employer:**

Company _____	City _____	State _____	Phone Number _____
From: _____ To: _____ Employment Dates	Job Title _____	Supervisor's Name _____	
Duties _____			
\$ _____ per: _____ Salary (Hour/Week/Year)	Reason for Leaving _____		
Are you currently working for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Were you ever involuntarily terminated from employment?  YES  NO

If so, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**REFERENCES:**

DO NOT include relatives. Please complete all four (4) references. Since we will contact these references, please notify them in advance.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H ( ) _____ W ( ) _____	AM/PM AM/PM		
2)	H ( ) _____ W ( ) _____	AM/PM AM/PM		
3)	H ( ) _____ W ( ) _____	AM/PM AM/PM		
4)	H ( ) _____ W ( ) _____	AM/PM AM/PM		

**Application Note:** This is not an employment contract. Please make sure you answered all appropriate questions completely and accurately. False or misleading statements on this form and during the interview are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class statue under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

**Certification and Release:** The answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations or facts in their application may result in rejection of my application or discharge at any time during my employment. I authorize Detring Home Healthcare, LLC and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release Detring Home Healthcare, LLC from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of a drug test or criminal background check. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosures. I also understand that due to the nature of the business, no amount of work can be guaranteed.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE