



Care4Life

a member of  The Senior's Choice

"Helping the Elderly stay independent in the comfort of their home"

8687 W. Sahara Ave., #190, Las Vegas, NV 89117

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APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin or marital status.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Name _____ SSN# _____

Cell Phone: _____ Phone: _____

Alternate Phones: _____

Emergency Contact:

Name: _____

Phone: _____ Cell phone: _____

Address: _____

Position applying for: _____

Diplomas/Certificates: _____

Do you have a current Nevada CNA certificate/license? _____

If yes, License number: _____

Exp. Date: _____

Name on lic. _____

Personal References: (NOT RELATIVES)

Name	Relationship/Yrs. Known	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Professional References: (NOT RELATIVES)

Name	Relationship/Years known	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Employment History:

Please start with most recent/current employer and go back five years:

May we contact your current employer? _____ Yes _____ No

Company: _____ From _____ To: _____

Job Title: _____ Reason Left: _____

Duties : _____ Supervisor: _____

Phone # _____

Company: _____ From: _____ To: _____

Job Title: _____ Reason Left: _____

Duties: _____ Supervisor: _____

Phone # _____

Company: _____ From: _____ To: _____
Job Title: _____ Reason Left: _____
Duties: _____ Supervisor: _____
Phone # _____

Company: _____ From: _____ To: _____
Job Title: _____ Reason Left: _____
Duties: _____ Supervisor: _____
Phone # _____

Company: _____ From: _____ To: _____
Job Title: _____ Reason Left: _____
Duties: _____ Supervisor: _____
Phone # _____

Company: _____ From: _____ To: _____
Job Title: _____ Reason Left: _____
Duties: _____ Supervisor: _____
Phone # _____

CERTIFICATION AND RELEASE: I certify that I have read and understand this application and that 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 misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Care4Life and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies/employers and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies/employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I authorize Care4Life to conduct reference checks and understand that Care4Life is an At Will Employer.

Signature

date

Printed Name: _____

Nevada Revised Statutes 449.176 through 449.188 require that applicants complete this type of statement to be employed at an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups.

These statutes are available online at: <http://leg.state.nv.us/NRS/NRS-449.html>.

CRIMINAL HISTORY STATEMENT

Statements 1-10 below refer to any criminal conviction which may be either a felony or a misdemeanor.

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime.
4. I have never been convicted of abuse or neglect of a child or contributory delinquency.
5. Within the past seven years, I have not been convicted of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS.
6. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, or any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
7. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
8. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan for Medicaid.
9. Within the past seven years, I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare.
10. Within the past seven years, I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
11. Within the past seven years, I have not been convicted of any felony involving the use of a firearm or other deadly weapon.

I affirm that the statements 1-11 above are true and correct. I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

Signature

Date

PRINT NAME



Reference Verification

Employee Name _____

I authorize the below named reference/employer to give Care4Life information about my character/employment and agree to hold harmless the below named reference/employer from any liability for releasing information to Care4Life.

Employee Signature

Date

(Applicant: Do Not write below this line.)

Reference _____

If employer, dates of employment _____

Ref./Rep. Name:

Are employment dates correct?

If not, correct dates are:

Position held:

Comments:

Signature

Date



Reference Verification

Employee Name _____

I authorize the below named reference/employer to give Care4Life information about my character/employment and agree to hold harmless the below named reference/employer from any liability for releasing information to Care4Life.

Employee Signature

Date

(Applicant: Do Not write below this line.)

Reference _____

If employer, dates of employment _____

Ref./Rep. Name:

Are employment dates correct?

If not, correct dates are:

Position held:

Comments:

Signature

Date

Care4Life

Required Pre-Employment Documentation

Care4Life does NOT reimburse you for any costs you incur obtaining your required documentation.

Care4Life Application
Proof of eligibility to work in the USA
Driver License
Proof of Auto Insurance
Driver History from the DMV of the state in which you are licensed
Current CPR card
Current First Aid card
Two fingerprint cards

Physical examination or certification from a licensed physician that *you are in a state of good health, are free from active tuberculosis and any other communicable disease in a contagious stage.* The physical exam must be dated within the past 12 months.

Current Negative Two-Step TB skin test result, or two one-steps in the preceding 12 months. If you test positive you **MUST** provide proof of a positive TB skin test along with a clear chest X-ray report that is dated **AFTER** the date of the positive skin test. X-rays must be dated within the preceding 12 months.

If you are submitting negative TB skin tests, each step must be in the following format: the date of the first stick, the date of the first reading, a measurement in mm even if zero, signature of person reading the result, the date of the second stick, the date of the second reading, a measurement in mm even if zero, the signature of the person reading the result.

13 hours of initial Caregiver Training. Care4Life provides this training and does not accept certificates from other companies. If you have a CNA license from the NV State Board of Nursing, you still are required to attend the initial training.