

# **HOSCO Employment**

## **Application**

Applicants are not required to give information prohibit by Federal/State/Provincial or local law

### **Personal Data:**

Name: \_\_\_\_\_

Last

First

MI

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Operator's License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

Have you ever entered a plea of guilty or novo contender to or convicted of a felony or of anything other than a minor traffic accident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so please

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other Names/SSN you have ever used:

\_\_\_\_\_  
Maiden Name \_\_\_\_\_ SSN \_\_\_\_\_

Would you work: Fulltime \_\_\_\_\_ Part Time: \_\_\_\_\_

**BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, DESCRIBED IN THE WRITTEN JOB DESCRIPTION THAT ACCOMPANIED THIS APPLICATION, ARE YOU WILLING/ABLE TO PERFORM THESE FUNCTIONS?**

Yes \_\_\_\_\_ or No \_\_\_\_\_

INITIAL: \_\_\_\_\_

**LIST 3 CHARACTER REFERENCES, ONE WHICH IS NEAR YOUR SAME AGE AND IS  
NOT A RELATIVES, IN-LAWS OR PAST EMPLOYERS WHO HAVE KNOWN YOU WELL  
DURING THE PAST THREE YEARS OR MORE:**

NAME	PHONE NUMBER	YEARS AQUAINTED

**EDUCATION AND TRAINING:**

HIGH SCHOOL NAME:	LOCATION	SCHOOL/UNIVERSITY PHONE NUMBER	DID YOU GRADUATE?	GPA
BUSINESS, TRADE SCHOOL & COLLEGES	LOCATION	SCHOOL/UNIVERSITY PHONE NUMBER	DID YOU GRADUATE?	GPA
BUSINESS, TRADE SCHOOL & COLLEGES	LOCATION	SCHOOL/UNIVERSITY PHONE NUMBER	DID YOU GRADUATE?	GPA

**WORK HISTORY:** List the most recent employer first, include part-time employment.

Employment Date From To	Company and Address	Position(s)	Salary	Immediate Supervisor	Reason For Leaving

If currently employed, may we contact your employer at this time for a reference? Yes \_\_\_\_\_ or No \_\_\_\_\_

INITIAL: \_\_\_\_\_

What starting salary do you expect? \_\_\_\_\_

I understand if requested, I must provide a transcript and or diploma from the schools or universities I attended as proof of my enrollment. **Initials** \_\_\_\_\_

I hereby authorize the release of any and all of the aforementioned information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their written records.

I understand that all materials pertaining to this background investigation become the property of HOSCO and will not be made available or returned to me.

I agree to indemnify and hold harmless the person, to whom this request is presented, along with the company or organization therein from any and all claims, damages, losses and expenses, including reasonable attorney's fee arising out of complying with this request.

The information I have provided is complete and accurate to the best of my knowledge, I also understand that providing the information may disqualify me from further consideration.

I authorize this agency to contact:

- Previous Employers
- Schools I Attended
- Person Reference, I have listed

**I also authorized this agency to make any investigations(s) of my personal, financial, and/or credit background (including, but not limited to) obtaining a credit report (also known as a "consumer report" under the Fair Credit Reporting Act/Consumer Reporting Act) for the purpose for evaluation my qualifications for employment. This authorization extends for twelve months from today's date.**

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**Applicant Signature**

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INITIAL: \_\_\_\_\_

## Pre-Employment

## Background Screening

It is mandatory that all applicants be registered with the Missouri Department of Health and Senior Services Family Care Registry. My signature below provides authorization for HOSCO to conduct a background screening, and I want to become an employee, I agree to complete a “Good Cause Waiver” Application prior to being hired by **HOSCO, LLC**

Once completed, **HOSCO, LLC** will receive a report from the Family Registry indicating a Good Cause Waiver has been received and a case opened on my behalf. The Department of Health and Senior Services may grant (approve) a “Good Cause Waiver” at their discretion.

### E-Verify

- **HOSCO, LLC** is required by the department of Homeland Security to verify employment eligibility for all newly hired employees regardless of citizenships.

### FCSR

- The FCSR will be checked three times a year

### EDL

- The Employee Disqualification List (EDL) maintained by the Department of Health and Senior Services is a listing of individuals who have been determined to have:
- Abused or neglected a resident, patient, client, or consumer;
- Misappropriated funds or property belonging to a resident, patient, client, or consumer; or
- Falsified documentation verifying delivery of services to an in-home services or consumer.
- The EDL will be checked four times a year.

No applicant can be employed by **HOSCO, LLC** until they pass a screening of the Employee Disqualifications List (EDL) and until **HOSCO, LLC** obtained a clean background check on the applicant from the Family Care Registry (FCSR). Anyone listed on the EDL will not, under any circumstances be employed by HOSCO LLC. If any new listing appears on either of these background checks, the attendant will no longer be able to be employed by

**HOSCO, LLC.**

### SIGNATURE AUTHORIZATION:

I have read this policy and understand my employment is conditional pending the outcome of the Missouri Department of Health and Services' final decision and determination. I also grant permission for you to verify my employment eligibility through E-Verify and EDL.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INITIAL: \_\_\_\_\_

***HOSCO,LLC***  
***Employment Application***

**Pre Employment Criminal Background Screening Application:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Numbers (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Have you ever used an Alias (first and/or last name other than the name you used in this application)? Yes \_\_\_\_\_ or No \_\_\_\_\_. If yes, list all those names you have ever used (please include all maiden names and all married names.) \_\_\_\_\_
2. Have you ever uses and other Social Security Numbers? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever had any of the following Criminal convictions, findings of guilt, pleas of guilty and pleas of nolo contendere? (a plea in a criminal prosecution that without admitting guilt subjects the defendant to conviction but does not preclude denying the truth of the charges in a collateral proceeding) Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you give consent to closed Background Check, Pursuant to Section 610.120. RSMO, as well as to a Pre-Employment Criminal Records Checks, Pursuant to Section 660.317 RSMO.  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you currently, under name used on this application or any other alias on the Employee Disqualification List? Yes \_\_\_\_\_ No \_\_\_\_\_

INITIAL: \_\_\_\_\_