



# Metro Home Care Services

*the caring family with heart.*

201 S. Central, Suite 108  
Clayton, MO 63105

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## APPLICATION FOR PERSONAL CARE WORKER

Pre-Employment Questionnaire (An Equal Opportunity Employer)

**PERSONAL INFORMATION** SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last First Middle

**PERMANENT ADDRESS** \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Means of Transportation Car  Bus

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes  No

What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 5 years? Yes  No

Describe \_\_\_\_\_

I understand and agree that I may be required to complete a health history, physical examination as a condition of hiring or continued employment. I agree to consent to take such test(s) as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes  No

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70 years of age.

\*\*You will be not denied employment solely because of a conviction record, unless the offence is related to the job for which you have applied.

### EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

Are you employed now? Yes  No  May we contact your present employer? Yes  No

Have you ever applied to this company before? Yes  No  When? \_\_\_\_\_

EDUCATION	Name and location of school	Years Attended	Graduate?	Subject Studied
Grammar School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business or Other School	_____	_____	_____	_____

Current Missouri Certified Nurse Aide? Yes  No  If yes, please include copy of license.

List specific training for the elderly such as Nurse's Aide Training, etc:

**FORMER EMPLOYERS** (list below the last three employers, starting with the last one first)

DATE MONTH & YEAR	NAME, ADDRESS, ZIP & PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** (Give the names of three persons not related to you, whom you have known at least one year)

NAME	ADDRESS (ZIP) AND PHONE	BUSINESS	YEARS ACQUAINTED
1)			
2)			
3)			

**PHYSICAL RECORD**

Do you have any physical limitations that preclude you from performing work for which you are being considered? Yes  No

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Please describe \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Name Address Phone #

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements of this application shall be grounds for dismissal.

I authorize investigation for all statements contained herein and the references listed above to give you any and all information of all statements contained herein, my previous employment, and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for definite period and it may be terminated at any time without prior notice.\*

\_\_\_\_\_  
Date Signature  
**DO NOT WRITE BELOW THIS LINE**  
INTERVIEWED BY DATE

HIRED Yes  No  POSITION DEPT.  
SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. 2.  
**EMPLOYMENT MANAGER SUPERVISOR**

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This application for employment form is for general use. We assume no responsibility for the inclusion of any questions asked by the Home Care Services of Metropolitan St. Louis, Ltd., Interviewer that may violate Missouri or Federal Law.