

Have you had any of the following in Georgia or any other state?

Criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere (except minor traffic violations? Yes _____ No _____

If YES, list ALL criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere AND the state in which it occurred. Do not list minor traffic offenses such as speeding tickets and parking tickets. Please list: _____

Myracle Hands Staffing Agency, Inc

How did you learn about us? Advertisement Employment Agency Friend Relative Walk-In Other

Have you been employed with us before? Yes___ No___ If yes, give date(s)_____

Position Applying for: _____ PCA ___ Companion Sitter ___ RN ___ LPN

Are you eligible for rehire? Yes_____ No _____ Are you available FULL TIME PART TIME?

What days are you available?

Days and Times of Availability						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

On what date, would you be available to begin work? _____

What starting salary do you expect? _____ per hour

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No **(Proof of citizenship or immigration status will be required upon employment)**

If No, do you consent to become registered with the Family Care Safety Registry? Yes No **(Failure to check "Yes" for consent will result in a denial of employment)**

No applicant can be employed by Myracle Hands Staffing Agency, Inc, until they pass a screening of the Employee Disqualification List (EDL). Until Myracle Hands Staffing Agency, Inc has obtained a clean background check. There will be a \$14.25 non-refundable registration fee for employee’s to be screened and registered. If an applicant has certain offenses listed on the FCSR background check, the applicant may apply for a “Good Cause Waiver” to the Georgia Department of Community Health/Healthcare Facility Regulation Division. They may approve a “Good Cause Waiver” at their discretion. Anyone listed on the EDL will not, under any circumstances, be employed by **Myracle Hands Staffing Agency, Inc**. The FCSR will be checked twice a year. The EDL will be checked four times a year (this included the checks done through the FCSR). If any new listings appear on either of these backgrounds’ checks, the attendant will no longer be able to be employed by Myracle Hands Staffing Agency, Inc.

The attendant will receive a copy of the background check from FCSR at least twice a year.

Do you give consent for a pre-employment criminal record check? Yes____ No____

Do you give consent to a closed background check, pursuant to SECTION 610.120 RSMo? Yes____
No____

Myracle Hands Staffing Agency, Inc

Do you have a relative(s) currently employed by us? Yes____ No____

Are you related either by marriage or blood to a client receiving our services? Yes____
No____
If yes, who? _____

Have you ever been a resident of or employed in another state? Yes____ No____ If yes,
where and what date? _____

Are you able to lift, push, pull or carry up to 75 pounds and twist, bend, kneel, stoop, and climb
stairs without difficulty? Yes____ No____

This job requires consistent regular and punctual attendance; can you meet this requirement?
Yes____ No____

Have you served in the U.S. Military? Yes____ No____ If yes, please provide the following
information:

Branch of Service: _____ Date of Service: _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

Was Discharge Honorable? Yes____ No____ If not, explain: _____

Work Assignment/Duties while enlisted: _____

Have you ever had any job-related training in the United States military? Yes____ No____

Describe and date below, any non-paid volunteer work experience (**exclude organizations, the
name or character of which would indicate the race, sex, religion, national origin or disability
of its members**)

Myracle Hands Staffing Agency, Inc

Drivers Information

This job requires you to have a dependable vehicle. Are you currently in possession of one?
Yes _____ No _____

Are you currently in possession of Automobile Insurance that meets the statutory insurance requirement for the State of Georgia?

Yes _____ No _____ Is this insurance presently in effect? Yes _____ No _____

Driver's License Number _____ Issuing State _____
Expiration Date _____ Class _____

Employment History

Name of Present or Last Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Starting Date: _____ Leaving Date: _____ Job title: _____
Starting Salary: _____ Final Salary: _____
May we Contact your Supervisor? __ Yes or __ No
Name of Supervisor: _____ Title: _____
Contact Number: _____
Description of Job: _____ Reason for Leaving: _____

Name of Previous Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Starting Date: _____ Leaving Date: _____ Job title: _____
Starting Salary: _____ Final Salary: _____
May we Contact your Supervisor? Yes _____ No _____
Name of Supervisor: _____ Title: _____
Contact Number: _____
Description of Job: _____ Reason for Leaving: _____

Name of Previous Employer: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Starting Date: _____ Leaving Date: _____ Job title: _____
Starting Salary: _____ Final Salary: _____
May we Contact your Supervisor? __ Yes or __ No
Name of Supervisor: _____ Title: _____ Contact Number: _____
Description of Job: _____ Reason for Leaving: _____

Name of Previous Employer: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Starting Date: _____ Leaving Date: _____ Job title: _____
 Starting Salary: _____ Final Salary: _____
 May we Contact your Supervisor? ___ Yes ___ No
 Name of Supervisor: _____ Title: _____ Contact Number: _____
 Description of Job: _____ Reason for Leaving: _____

Name of Previous Employer: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Starting Date: _____ Leaving Date: _____ Job title: _____
 Starting Salary: _____ Final Salary: _____
 May we Contact your Supervisor? ___ Yes or ___ No
 Name of Supervisor: _____ Title: _____ Contact Number: _____
 Description of Job: _____ Reason for Leaving: _____

Explain any employment gaps in your employment history:

Education and Training

Education	High School	Undergraduate College/University/ Technical	Graduate
School Name/Location			
# Years Completed			
Dates of Attendance	_____ to _____	_____ to _____	_____ to _____
Diploma/Degree			
Describe Course of Study			

Employee signature: _____ **Date:** _____

Myracle Hands Staffing Agency, Inc
(Office Use Only)
Personnel Fact Sheet

Employee Start Date: _____ Employee Last Date: _____

JOB TITLE _____ POSITION _____

NAME _____

ADDRESS _____

CITY: _____ State: _____ Zip: _____

TELEPHONE (CELL) _____ TELEPHONE(HOME) _____

EMAIL ADDRESS _____

SOCIAL SECURITY# _____ DRIVER'S LICENSE# _____

MARTIAL STATUS SINGLE MARRIED DIVORCED SEPERATED WIDOW



EMERGENCY CONTACT (1) _____ RELATIONSHIP _____

TELEPHONE (CELL) _____ TELEPHONE (HOME) _____

EMERGENCY CONTACT (2) _____ RELATIONSHIP _____

TELEPHONE (CELL) _____ TELEPHONE (HOME) _____

Myracle Hands Staffing Agency, Inc

Employment Reference (2)

***ALL EMPLOYEE'S MUST HAVE TWO EMPLOYMENT REFERENCES (STATE REQUIRED)**

Company Name _____

Company Representative Name _____

Company Representative Title _____

Dates of Employment _____ / _____
Start End

Company Address _____

Company Telephone Number _____

Employment Reference Questions

What title did the individual hold within your organization? _____

Would you rehire this individual? _____ Yes No

What was the reason for leaving your organization? _____

Comments _____

Employment references must be able to be verified. If not, you will need to give additional references.

References Checked by: _____ Date: ____/____/____

Manger's Signature: _____ Date: ____/____/____