



Beautiful Savior Home
1003 South Cedar
Belton, MO 64012
816-331-0781

APPLICATION FOR EMPLOYMENT

Please print all required information

Date _____

This facility is an equal opportunity employer. We recruit, train, and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or any protected class.

EMPLOYMENT DESIRED

Position or type of work desired: _____

Seeking:

- | | | |
|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Weekend | <input type="checkbox"/> Day |
| <input type="checkbox"/> PRN | <input type="checkbox"/> Temporary | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Part-time – specify days
and hours per week: | <input type="checkbox"/> Summer | <input type="checkbox"/> Night |

_____ Are you able to work weekends? Yes No

PERSONAL INFORMATION

Last Name	First Name	Middle	Other names by which you have been known
-----------	------------	--------	--

Address (Number and Street)	City	State	Zip Code
-----------------------------	------	-------	----------

Home phone	Cell phone	Social Security Number
------------	------------	------------------------

Are you legally eligible to work in United States? You will be required to provide proof.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Email: _____	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		If so, when? _____
Have you ever been convicted of a felony? An Affirmative answer does not necessarily disqualify you from employment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____	
List any relatives who are currently employed by our facility:	Are you 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If GED, what date?
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION

The State of Missouri Division of Aging, Long Term Care Licensure Law requires that all registered, licensed and certified employees submit proof of same to his/her employer. Copy required upon employment.

Type of license, registry or certification	Issuing State or Organization	Number	Expiration Date

If you are not currently registered, licensed, or certified, are you eligible? Yes No

SPECIAL SKILLS

- | | | |
|--|--|--|
| <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Typing | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> CRT | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Transcription |

Hardware used: _____

Software used: _____

Other special skills: _____

Please include any information that you think would be applicable, e.g. Internships, Membership in Professional Organizations, etc. _____

EMPLOYMENT HISTORY

Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing

I certify that the information contained in this application is correct to the best of my knowledge and I understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give Beautiful Savior Home any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties and Beautiful Savior from all liability for any damage that may result from furnishing such information. I authorize Beautiful Savior Home to request and receive such information.

If employed, I understand that I will be an employee "at will" and either Beautiful Savior Home or I may terminate my employment relationship at any time, with or without notice, for any reason not in violation of the law.

I agree to comply with the Beautiful Savior Home rules, regulations and policies, and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented at any time and without prior notice to me.

I acknowledge that any offer of employment, or acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Beautiful Savior Home or myself. I understand that this application and any other documents which I may receive are not contracts of employment. I further understand that no representative of Beautiful Savior Home other than an officer has any authority to enter into any agreement for employment for any specified period of time or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

I agree to have a physical examination as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.

I understand that Beautiful Savior Home is required by law to perform a Criminal Background Check on all employees, and that an offer of employment, should one occur, is also contingent upon the results of the Criminal Background Check and my eligibility to work in a Long Term Care Facility.

THIS APPLICATION WILL BECOME VOID AFTER 90 DAYS. IF YOU WOULD LIKE TO STAY CURRENT, YOU MUST REAPPLY.

Signature

Date

=====

FOR PERSONNEL DEPARTMENT USE ONLY

Name:		Position	
Department:		Employee Status:	
Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		<input type="checkbox"/> Full time <input type="checkbox"/> Weekend <input type="checkbox"/> Regular PT <input type="checkbox"/> PRN <input type="checkbox"/> Casual PT <input type="checkbox"/> Temp	
Start date:	Time to report on first day:	Orientation Date:	
Non-exempt hourly wage:		Exempt Annual salary:	

Department Director/Supervisor

Date

Interviewed by

Date

Personal References

List three personal references that you have known at least one year, not including anyone you are related to.

Name:		Years Known:	
Address:		Phone Number:	

Name:		Years Known:	
Address:		Phone Number:	

Name:		Years Known:	
Address:		Phone Number:	

Recognized Service Organization of

THE
LUTHERAN CHURCH
Missouri Synod

Beautiful Savior Home

1003 South Cedar
Belton, MO 64012
Phone: 816-331-0781
Fax: 816-322-4975

REFERENCE CHECKING FORM

_____ has applied for the position of _____

Applicant Name

with Beautiful Savior Home, and has listed you as a former employer. As part of our employment procedure, your response to the following questions would be appreciated.

Employment dates:	From:	To:
Position:		
Reason for Leaving:		

Please give an evaluation of the following as they apply to the former employee's job responsibilities:

	Unsatisfactory	Marginal	Satisfactory	Above Standard
Attendance				
Attitude				
Work Performance				
Character				

Would you rehire? Yes No

If no, please explain:

Do you recommend employment? Yes No

Comments:

Representative Name & Title

Company Name

Date

AUTHORIZATION FORM – backgroundcheckadvantage.com

4/9/2019



**Beautiful Savior Home
1093 S. Cedar
Belton, MO 64012**

First Name		Middle Name		Last Name	
Alias/Maiden Name(s)				Will Employee's Salary Exceed \$75,000?	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Social Security Number		Date of Birth		Race	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address (NO P.O. Boxes)			City		State Zip

As part of the employment volunteer student credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for employment volunteer student credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

DATE: ____ / ____ / ____

Signature of Applicant _____

BACKGROUND SEARCHES

<input type="checkbox"/> OIG (Medicare/Medicaid Fraud & Abuse)	<input type="checkbox"/> GSA (Federal Procurement Fraud)	<input type="checkbox"/> **FCSR
<input type="checkbox"/> SSN Plus (Address & Alias Name are included)	<input type="checkbox"/> FDA Debarment List	
<input type="checkbox"/> Government Watch List (includes DOC Entity List & Denied Persons List, OOF Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)		
<input type="checkbox"/> Wants & Warrants** (Nationwide - extraditable only)		<input type="checkbox"/> OFAC (Specially Designated Nationals and Blocked Persons List)
Child Abuse/Neglect – <input type="checkbox"/> IL** <input type="checkbox"/> IA** <input type="checkbox"/> IN** <input type="checkbox"/> KS** <input checked="" type="checkbox"/> MO* <input type="checkbox"/> TN		
Adult Abuse/Neglect – <input type="checkbox"/> KS		
<input type="checkbox"/> *MO Mental Health Employee Disqualification Registry		<input type="checkbox"/> MO EDL (Employee Disqualification List)
SEX OFFENDER <input type="checkbox"/> Nationwide or <input type="checkbox"/> State	FEDERAL COURTS Criminal (past 7 years) <input type="checkbox"/> Nationwide or <input type="checkbox"/> State	
<input type="checkbox"/> DRIVING RECORD State _____ DL# _____		
<input type="checkbox"/> PROFESSIONAL LICENSE <input type="checkbox"/> National or <input type="checkbox"/> State _____	<input type="checkbox"/> LA Direct Service Worker	
Type: _____	License #: _____	

EDUCATION School Name (include campus): _____
 City/State: _____ / _____ Major: _____ Graduation Date: ____ / ____
 Degree Type: _____ (BSN, B.A., etc.) Name While Attending: _____

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

CHARACTER REFERENCE PERSONAL PROFESSIONAL: Name _____ Phone: ____ / ____ - ____

EMPLOYMENT Company: _____ City/State: _____ / _____
 Phone: ____ / ____ - ____ Manager: _____ Start Date: ____ / ____ End Date: ____ / ____
 Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
 Duties: _____
 Reason for Leaving: _____

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, LA, MA, NV, WV and WY

County 1: _____ State: _____ County 2: _____ State: _____ County 3: _____ State: _____

STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State

<input type="checkbox"/> AL*	<input type="checkbox"/> AK*	<input type="checkbox"/> AZ	<input type="checkbox"/> AR*	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC*	<input type="checkbox"/> FL	<input type="checkbox"/> GA*
<input type="checkbox"/> HI	<input type="checkbox"/> ID**	<input type="checkbox"/> IN	<input type="checkbox"/> IA*	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MI	<input type="checkbox"/> MN
<input type="checkbox"/> MO	<input type="checkbox"/> MS*	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NH**	<input type="checkbox"/> NJ	<input type="checkbox"/> NM*	<input type="checkbox"/> NY*	<input type="checkbox"/> NC*	<input type="checkbox"/> ND
<input type="checkbox"/> OH*	<input type="checkbox"/> OK	<input type="checkbox"/> OR*	<input type="checkbox"/> PA	<input type="checkbox"/> RI*	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT*
<input type="checkbox"/> VA*	<input type="checkbox"/> VT*	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> U.S. Virgin Islands					

Note: Ohio & GA are Felony Only

Illinois Statewide Criminal-compliant with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal Name Only)

International Criminal _____

MO-includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)

***Requires Form(s) & **Requires SPECIAL Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**

EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all State and Federal laws are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that Beautiful Savior Home may make inquiries, including but not limited to my education, professional licensing, criminal history, and driving history. Furthermore, I understand that Beautiful Savior Home may request information from various Federal, State and other agencies that maintain records concerning my past driving history, criminal history, military history, civil and other experiences.

I authorize without reservation, any party (including but not limited to, enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by Beautiful Savior Home to furnish any or all of the above mentioned information. In addition, I hereby release Beautiful Savior Home from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons who, in good faith, provide to Beautiful Savior Home the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

Print Name (Last, First, Middle):	
(Maiden/Alias):	Date of Birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:
Current Address:	
City/State/Zip Code:	
Driver's License Number:	
Applicant's Signature:	

Inquiry made for purpose of hiring for Beautiful Savior Home, A Skilled Nursing Facility and a Residential Care Facility.

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over 10 billion and their affiliates b. Such affiliates that are not banks savings associations, or credit unions also should list ,in addition to the CFPB	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, D.C. 20552 b. Federal Trade Commission: Consumer Response Center FCRA Washington, D.C. 20552 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks	a. Office of Comptroller of the Currency Customer Assistance group 1301 McKinney St, Suite 3450

<p>b. State member banks, branches, agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A if the Federal Reserve Act</p> <p>c. Nonmember Insured bank, Insured State Branches of Foreign Banks and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut ST, Box# 11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke ST Alexandria, VA 22314</p>
<p>3. Air Carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Ave, S.E. Washington, D.C. 20423</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of proceedings, Surface Transportation board Department of Transportation 395 E Street SW Washington, D.C. 20423</p>
<p>5. Creditors subjected to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration Area Supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW Washington, D.C. 20549</p>
<p>7. Brokers and Dealers</p>	<p>Securities Exchange Commission 100 F Street, N.E. Washington, D.C. 20549</p>
<p>8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, And Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive Mclean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the Creditor operates or Federal Trade Commission: Consumer Response Center- FCRA Washington, D.C. 20580 (877) 382-4357</p>

Applicant Signature: _____

Date: _____

