



EMPLOYEMENT APPLICATION

DATE:	REFERRED BY:
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WE OFFER EQUAL EMPLOYEMENT OPPORTUNITIES TO ALL BASED UPON MERIT & WITHOUT REGARD TO RACE, COLOR, GENDER, OR RELIGION.

NAME: LAST	FIRST	MIDDLE	PHONE: ☐ Cell ☐ Home
ADDRESS: NUMBER, STREET	CITY	STATE	ZIP CODE
EMAIL ADDRESS:	DO YOU TEXT MESSAGE? ☐ YES ☐ NO		

WHERE WERE YOU BORN? (For Fingerprint Background Check)

DATE OF BIRTH?

EMPLOYEMENT HISTORY/EDUCATION

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ NO

1) CURRENT/LAST EMPLOYEE			PHONE:	
ADDRESS:	NUMBER, STREET	CITY	STATE	ZIP CODE
START DATE:	END DATE:	CONTACT PERSON:		
JOB DUTIES:		WHY DID YOU LEAVE?		
2) PRIOR EMPLOYER:			PHONE:	
ADDRESS:	NUMBER, STREET	CITY	STATE	ZIP CODE
START DATE:	END DATE:	CONTACT PERSON:		
JOB DUTIES:		WHY DID YOU LEAVE?		
3) PRIOR EMPLOYER:			PHONE:	
ADDRESS:	NUMBER, STREET	CITY	STATE	ZIP CODE
START DATE:	END DATE:	CONTACT PERSON:		
JOB DUTIES		WHY DID YOU LEAVE?		

SPECIAL TRAINING/EDUCATION	SCHOOL NAME/CITY	DEGREE/CERTIFICATE EARNED (LIST YES OR NO)
C.N.A. AND/OR NURSES AID TRAINING		
OTHER EDUCATION/ TRAINING		
DO YOU HAVE PRIOR LIFE OR WORK EXPERIENCE AS A CAREGIVER THAT IS NOT LISTED ABOVE? ☐ YES ☐ NO		
IF YES, PLEASE EXPLAIN:		

ADDITIONAL INFORMATION

1. ARE YOU AT LEAST 18 YEARS OF AGE? ☐ YES ☐ NO

2. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIME? ☐ YES ☐ NO

IF YES, NATURE OF OFFENCE(S), DATE(S), AND PENALTY(S):

3. HAVE YOU EVER WORKED FOR OR APPLIED TO EVERYDAY MIRACLES BEFORE? ☐ YES ☐ NO

IF YES, WHEN?

4. IS THERE ANY LEAGAL REASON WHY YOU CANNOT BE EMPLOYED IN THIS COUNTRY? ☐ YES ☐ NO

IF YES, WHY?

IMPORTANT-READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING.

IN COMPLETING THIS APPLICATION FOR EMPLOYMENT, I CERTIFY THAT THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE AND CORRECT, AND I AGREE THAT ANY WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS HEREIN, WHENVER DISCERNED, ARE JUST CAUSE FOR **EVERYDAY MIRACLES** EITHER TO REFUSE OR TO TERMINATE MY EMPLOYMENT. FURTHER, I AUTHORIZE ANY SCHOOL OR FORMER EMPLOYER TO DISCLOSE TO **EVERYDAY MIRACLES** UPON REQUEST ANY INFORMATION THEY MAY HAVE AS TO MY RECORD, PERFORMANCE, AND ATTENDANCE AND WILL HOLD SUCH SCHOOLS AND EMPLOYERS HARMLESS FOR SUCH DISCLOSURE. I UNDERSTAND THAT THIS APPLICATION BECOMES VOID AFTER 90-DAYS UNLESS RENEWED PERSONALLY BY ME. I HAVE READ AND DO UNDERSTAND AND SUBSCRIBE TO THIS CERTIFICATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL COMPANY POLICIES AND PROCEDURES. I ALSO AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT MY OPTION OR OF THE OPTION OF EVERYDAY MIRACLES. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF **EVERYDAY MIRACLES**, OTHER THAN THE OWNER(S), ADMINISTRATOR OR HUMAN RESOURCES HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING MY EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, NOR TO MAKE ANY AGREEMENTS CONTRARY TO THE FOREGOING.

SIGNATURE: _____

DATE: _____

APPLICATION QUESTIONS

1. Do you have any experience in being a caregiver? Have you worked for another agency before? Do you have any specialized training certificates or licenses?

2. What do you feel is the most important part of being a good caregiver?

3. Do you have any problem performing duties such as personal grooming, bathing and toileting?

4. Are you able to keep calm in stressful situations with clients? Please give an example of a time this was performed.

5. Do you know how to cook and prepare simple meals?

6. What form of transportation do you have?

7. What areas of town are you willing to travel?

8. What is your availability?

9. Is there anything in your background check that you have concerns over? Please be honest!

Do you understand that this position is considered a temporary/part-time position, and there is no guarantee of hours or shifts? It is based upon your availability and the amount of client shifts available.

Applicant's Name (Print)

Applicant's Signature

Date

PCA AVAILABILITY & SCHEDULING INFORMATION

1. Nearest Cross Streets to your home? _____

2. What areas of town are you willing to travel to for work?

- ☐ Within (5) miles of my home **only**

☐ Summerlin Area

☐ North Area

☐ Other _____

☐ Henderson/Green Valley Area

☐ Southwest Area

☐ All Areas

3. How do you plan to get to work? ☐ Own Vehicle ☐ Bus ☐ Friend/Family ☐ Other

4. What hours and days are you willing to accept work? **(Please check all that apply)**

Sunday	Monday	Tuesday	Wed	Thurs	Friday	Saturday
☐ 1 am to 6 am	☐ 1 am to 6 am	☐ 1 am to 6 am	☐ 1 am to 6 am	☐ 1 am to 6 am	☐ 1 am to 6 am	☐ 1 am to 6 am
☐ 6 am to 12 pm	☐ 6 am to 12 pm	☐ 6 am to 12 pm	☐ 6 am to 12 pm	☐ 6 am to 12 pm	☐ 6 am to 12 pm	☐ 6 am to 12 pm
☐ 12 pm to 5 pm	☐ 12 pm to 5 pm	☐ 12 pm to 5 pm	☐ 12 pm to 5 pm	☐ 12 pm to 5 pm	☐ 12 pm to 5 pm	☐ 12 pm to 5 pm
☐ 5 pm to 12 am	☐ 5 pm to 12 am	☐ 5 pm to 12 am	☐ 5 pm to 12 am	☐ 5 pm to 12 am	☐ 5 pm to 12 am	☐ 5 pm to 12 am
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

5. Can you work in a home that has pets? ☐ Yes ☐ No

6. Can you work around cigarette smoke? ☐ Yes ☐ No

7. Are you allergic to anything such as animals, cleaning products or dust etc. that we need to be aware of for your safety? ☐ Yes ☐ No

If yes, please explain: _____

8. What language(s) do you speak? ☐ English ☐ Spanish ☐ Other _____

9. Can you perform lifts and/or client transfers if needed? ☐ Yes ☐ No

10. Are you willing/able to operate a Hoyer lift? ☐ Yes ☐ No

Employment Verification Consent

Applicant. Please make copies of this form for each of your previous employers. List the name of your previous employers (one previous employer per copy), complete the Previous Employment section below for each previous employer and date and sign below. Return the signed forms with your completed Employment Application.

Previous Employer. The Applicant named below has recently applied for a job with Employer and has signed this Employment Verification Consent authorizing you to provide information to us relating to their employment with you. Please take a few minutes to answer our employment verification questions and return to us by fax or by mail. Thank you.

Applicant

Full Name _____ Last 4 of SS# _____

Previous Employment To be completed by Applicant

Employer _____ Telephone Number _____

Address _____

Title/Duties _____

Supervisor's Name & Title _____

Reason for Leaving _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Employment Verification To be completed by Previous Employer

Is the employment information with your organization listed above correct? ☐ Yes ☐ No

If not, please make appropriate corrections.

Applicant's performance rating on last review? _____

Attendance record? _____ Is Applicant eligible for rehire? ☐ Yes ☐ No

If no, why not? _____

Person Providing Information Signature Title/Position Date

Verification Consent

I authorize Employer to receive information relating to my employment with the Previous Employer listed above and to verify the accuracy of all information received. I authorize the Previous Employer listed above to release information about my school history, work history, character and qualification to all persons, firms, agencies or companies which may request this information in connection with my application for employment with Employer. In authorizing release of this information, I hereby release the Previous Employer listed above and all individuals associated with the Previous Employer from any and all liability that may result from providing this information to Employer. This authorization will be valid for three (3) months from the date of my signature below.

Signature of Applicant _____ Date _____



STATE OF NEVADA

JOE LOMBARDO
Governor

RICHARD WHITLEY, MS
Director, DHHS



CODY PHINNEY, MPH
Administrator

LEON RAVIN, M.D.
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
727 Fairview Dr., Suite E, Carson City, NV 89701
Telephone: 775-684-1030, Fax: 775-684-1073
dphh.nv.gov

**NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS, CONSENTS AND SELF
DISCLOSURE OF CRIMINAL HISTORY**

***FINGERPRINT BACKGROUND WAIVER – NOTICE OF NONCRIMINAL JUSTICE
APPLICANT'S RIGHTS***

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Everyday Miracles that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations, Section 16.34, provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in

violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) Everyday Miracles, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

CONSENT TO CHECK OF REGISTRIES

I consent to have a check of registries conducted, including, but not limited to, any government abuse registries, licensing registries, sexual abuse registries, the Office of Inspector General List of Excluded Individuals and Entities registry and any other registries that may be required by the Division of Public and Behavioral Health.

SELF DISCLOSURE STATEMENT OF CRIMINAL HISTORY

I attest that I have never been convicted of any of the following crimes:

- Murder, voluntary manslaughter or mayhem;
- Assault or battery with intent to kill or to commit sexual assault or mayhem;
- Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony (including felony prostitution);
- A crime involving domestic violence that is punished as a felony;
- Abuse or neglect of a child or contributory delinquency;
- Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to NRS 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
- A violation of any provision of NRS 422.450 to NRS 422.590, inclusive; or
- Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon.

I attest that I have not been convicted of any of the following crimes within the immediately preceding 7 years:

- Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor;
- A crime involving domestic violence that is punished as a misdemeanor;
- A violation 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;

- A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct;
- A criminal offense under the laws governing Medicaid or Medicare;
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property; or
- An attempt or conspiracy to commit any of the offenses listed in this Self Disclosure Statement of Criminal History section.

CONSENT TO BE ENROLLED IN A RAP (Record of Arrests and Prosecutions) BACK SYSTEM
(optional – check only if you consent)

☐ I understand that if I check this box, the facility, hospital, agency, program or home I am under employment/contract/service with or the Division of Public and Behavioral Health may enroll me in a RAP (Record of Arrests and Prosecutions) back system which would allow the Central Repository for Nevada Records of Criminal History to notify my employer and the Division of Public and Behavioral Health of any criminal offenses that I may be convicted of in the future.

AUTHORIZATION OF SUBMISSION OF FINGERPRINTS

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.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

I understand that a person who willfully provides a false statement or information connected with a background investigation that would disqualify the person from employment, including without limitation, a conviction of a crime listed in NRS 449.174, is guilty of a misdemeanor.

I declare under penalty of perjury that the foregoing is true and correct. Executed on:

Applicant's Name : _____
 (PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____ Date: _____

Submitting Agency: Everyday Miracles

Address: 3301 N Buffalo Dr, Ste. 180, Las Vegas, NV 89129

Agency representative: Wright, Lindsay
 (PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature:  _____ Date: _____