

APPLICANT INFORMATION		
Name - First: _____ Middle: _____ Last: _____		
Previously Held Names: _____		
Mailing Address: _____		
City	State	Zip
Phone - Home: _____ Cell: _____		
Do you consent to receiving text messages from Consumer Direct Care Network (CDCN)? ☐ Yes ☐ No		
Email Address: _____ Social Security Number: _____ - _____ - _____		
Date of Birth (mm/dd/yyyy): _____ Place of Birth (State): _____		
Emergency Contact Name and Phone: _____		
Primary Language: _____ Secondary Language: _____		
How did you hear about working for CDCN? _____		

ADDITIONAL INFORMATION/EXPERIENCE	
Current Driver's License? ☐ Yes ☐ No Current CPR certification? ☐ Yes ☐ No Current First Aid certification? ☐ Yes ☐ No Hoyer Lift experience? ☐ Yes ☐ No Can you cover on short notice? ☐ Yes ☐ No Any restrictions, such as working with certain pets, smokers, or heavy lifting? ☐ Yes ☐ No	Comments/Explanations:

CRIMINAL CONVICTIONS
Have you ever been convicted of a crime? ☐ Yes ☐ No <i>(If yes explain convictions, dates, and sentences imposed. Convictions will not necessarily prohibit employment but will be considered in relation to specific job requirements.)</i>

LOCATIONS YOU CAN WORK/AVAILABILITY TO TRAVEL
Which areas are you willing to travel to for work (circle or list locations): Southern NV: Las Vegas N. Las Vegas Henderson Boulder City Summerlin Sunrise Manor Winchester Spring Valley Pahrump Laughlin Mesquite Logandale Caliente Other: _____ Northern NV: Reno North Valleys (Sun Valley, Panther Valley, Golden Valley, Cold Springs) Washoe Sparks Spanish Springs Carson City Gardnerville Minden Mound House Other: _____



DAYS AND TIMES, YOU ARE AVAILABLE TO WORK							
	SUN	MON	TUE	WED	THU	FRI	SAT
Start Time							
End Time							

CANDIDATE LIST/ADDITIONAL ASSIGNMENTS
Being listed on the Consumer Direct Care Network (CDCN) prospective PCA list (Candidate List) presents opportunities to connect you with additional CDCN consumers after your initial placement. Caregivers who are on the list may want more hours or may need a more permanent assignment. We use this list as a tool for long term, short term, and emergency employment needs. The <u>Candidate List</u> includes your name, phone number, availability and area of town that you wish to work. CDCN may call caregivers from the list to set up interviews and/or schedule work times. To remain in good standing with our agency you are expected to adhere to conditions contained in your Employee Handbook – current TB test, CPR, First Aid, Continuing Education, background check and CDCN Coordinator reviews. Should your requirements lapse, you will be removed from the <u>Candidate List</u>. If you are not available for scheduled work after accepting an assignment, you must notify the CDCN office. A no call/no show can result in removal from the <u>Candidate List</u>. Your choice below will only affect your status on the <u>Candidate List</u>. Once employed with a consumer, you may continue working with that consumer even if you are removed from the list. I agree with and understand the above information regarding the <u>Candidate List</u>. I wish to: ☐ Be included on the <u>Candidate List</u>. ☐ Not be included on the <u>Candidate List</u>. I am not interested in additional work after initial placement with a consumer. I understand that, by making this choice, I will not be eligible to file Unemployment Claims.

EDUCATION				
Type of School	Name of School	Location (Complete Address)	Circle last grade completed	Major & Degree
High School			9 10 11 12	
			9 10 11 12	
College/ Business/ Trade School			1 2 3 4	
			1 2 3 4	

WORK EXPERIENCE Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			



References		
List three references that can verify your character and work history <i>(Required per Nevada Administrative Code Chapter 449)</i> .		
1. ☐ Personal ☐ Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		
2. ☐ Personal ☐ Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		
3. ☐ Personal ☐ Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		

PLEASE READ CAREFULLY
Neither the acceptance of this information nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company. The relationship cannot be altered except by a written instrument signed by the President of the Company. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize the investigation of all matters contained on this form and hereby give the Company permission to contact schools, previous employers, references, and others, and hereby release the Company from any liability as a result of such contact. If I am hired, this Authorization will remain on file. It will be used to get updated information about me from Central Registry during my employment. A photocopy or facsimile of this Authorization is valid as the original. The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment information, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us. I understand that my employment with this company shall be probationary for a period of up to 180 days, during which my employment relation with the company is terminable at will for any reason by either party. Signature of Applicant: _____ Date: _____ This company is an equal opportunity employer and considers applicants on the basis of qualification without regard to gender, race, color, disability, national-origin, religion, age, sexual preference or any other basis prohibited by city, state or federal law.



PCS-Agency Based Traditional Employee Application Instructions

PERSONAL CARE ATTENDANT APPLICANTS: After being selected as a candidate for hire, you must complete, sign, and provide the following information to Consumer Direct Care Network (CDCN). After review and approval of all submitted materials, CDCN will notify you in writing when it is okay to begin working with an "Authorization to Begin Work" form.

Payroll Requirements

- Employee Data Form/Employment Application
- Equal Employment Opportunity Disclosure
- I-9 - *Employee completes Section 1, Employer completes Section 2.*
- W-4
- Pay Selection Form
- Employee Acknowledgment Form
- Wage Memo
- Payroll Deduction
- Health Questionnaire
- Statement of Good Health
- Authorization/Declination Hepatitis B Vaccination
- Driver's License & Auto Insurance (If applicable)

Program Requirements

- Two Step TB Skin Test - CDCN will provide you information on clinic locations
- Hepatitis B Vaccination opportunity - sign the form to accept or decline the vaccination
- Fingerprint Cards or Authorization Letter for Fingerprinting - Criminal Background Check
- Civil Applicant Waiver - Criminal Background Check
- Completed Trainings - Initial Training: 16 hours and Annual Training: 8 hours.
- Copy of CPR Certification & First Aid – CDCN will provide location information for classes. Online certification is not valid or sufficient.

Upon completion of all application documents, deliver or send them to our state office via mail, fax or email attachment using the contact information below.

Reminder: You may not begin working as an employee until all the items listed above are completed, submitted, approved, and an "Authorization to Begin Work" form is provided to you by CDCN. You will need to remain in compliance with Medicaid regulations and program requirements as a condition of employment through CDCN.

Reminder: Timesheets and other payroll related forms can be downloaded from the CDCN Nevada website at: <http://consumerdirectnv.com/resources/forms/>