

MANKISHA HEALTH SERVICES LLC

EMPLOYMENT APPLICATION

Please complete all applicable sections. Print clearly.

1. POSITION INFORMATION

Position Applied For: _____	Date of Application: _____
Preferred Work Location/Program: _____	☐ Full-Time ☐ Part-Time ☐ PRN/On-Call
Shift Availability: ☐ Day ☐ Evening ☐ Night ☐ Weekend	Desired Start Date: _____

2. APPLICANT INFORMATION

Full Legal Name: _____	Preferred Name: _____
Street Address: _____	City/State/ZIP: _____
Primary Phone: _____	Email: _____
Are you at least 18 years of age? ☐ Yes ☐ No	Are you legally authorized to work in the U.S.? ☐ Yes ☐ No
Will you now or in the future require employment sponsorship? ☐ Yes ☐ No	Have you previously worked for Mankisha Health Services LLC? ☐ Yes ☐ No

3. AVAILABILITY

Day	Available?	From	To
Monday	☐ Yes ☐ No	_____	_____
Tuesday	☐ Yes ☐ No	_____	_____
Wednesday	☐ Yes ☐ No	_____	_____
Thursday	☐ Yes ☐ No	_____	_____
Friday	☐ Yes ☐ No	_____	_____
Saturday	☐ Yes ☐ No	_____	_____
Sunday	☐ Yes ☐ No	_____	_____

Scheduling restrictions or recurring commitments: _____

4. EDUCATION & TRAINING

School / Institution	City & State	Degree / Diploma	Field of Study	Completed?
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No

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5. LICENSES, CERTIFICATIONS & CAREGIVER QUALIFICATIONS

Credential / Certification	Number (if applicable)	Expiration Date	Issuing Organization

Check all currently held, if applicable: ☐ CPR/First Aid ☐ Article 9 ☐ Prevention & Support ☐ Fingerprint Clearance Card ☐ Driver License ☐ Other: _____

6. EMPLOYMENT HISTORY

List your most recent employer first. You may attach a résumé, but please complete this section.

Employer 1: _____	Phone: _____
Address / City / State: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____ to _____
Primary Duties: _____	Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer 2: _____	Phone: _____
Address / City / State: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____ to _____
Primary Duties: _____	Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer 3: _____	Phone: _____
Address / City / State: _____	Supervisor: _____
Job Title: _____	Dates Employed: _____ to _____
Primary Duties: _____	Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

7. PROFESSIONAL REFERENCES

Name	Relationship / Organization	Phone	Email

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8. JOB-RELATED QUESTIONS

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation?
☐ Yes ☐ No

If driving is an essential job function, do you possess a current valid driver license? ☐ Yes ☐ No ☐ Not applicable

If driving is required, can you provide proof of legally required automobile insurance? ☐ Yes ☐ No ☐ Not applicable

Are you willing to complete job-related background screening, reference checks, and other pre-employment requirements permitted by law? ☐ Yes ☐ No

Are you willing to comply with client rights, confidentiality/HIPAA, incident reporting, safety, abuse/neglect prevention, and agency policies? ☐ Yes ☐ No

Do you have reliable transportation to report to assigned work locations? ☐ Yes ☐ No ☐ Not applicable

9. SKILLS & EXPERIENCE

Describe relevant healthcare, direct support, caregiving, behavioral health, habilitation, employment support, transportation, administrative, or other experience:

Languages spoken and level of proficiency (optional): _____

10. APPLICANT STATEMENT & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false statements, material omissions, or misrepresentations may disqualify me from employment or, if discovered after hire, may result in corrective action up to and including termination, subject to applicable law. I authorize Mankisha Health Services LLC to verify information relevant to my application, including employment history, education, credentials, and professional references, and to conduct lawful job-related screening where required. I understand that any offer of employment may be contingent upon satisfactory completion of applicable pre-employment requirements. I understand that this application is not an employment contract and does not create a guarantee of employment for any specific duration. If hired, I agree to follow all lawful company policies and procedures. Mankisha Health Services LLC is committed to equal employment opportunity and considers applicants without unlawful discrimination based on any status protected by applicable federal, state, or local law.

Applicant Signature: _____

Date: _____

Printed Name: _____

Best Contact Number: _____

FOR OFFICE USE ONLY

Interview Date: _____

Interviewer: _____

Application Status: ☐ Proceed ☐ Hold ☐ Not Selected

Proposed Position: _____

Proposed Start Date: _____

Proposed Rate: _____

Notes: _____

HR/Authorized Signature: _____

Mankisha Health Services LLC is an Equal Opportunity Employer.