



# CONTRACTOR APPLICATION

## 1st Response Home Care , L.L.C.

1st Response Home Care, LLC is an equal opportunity contractor and provides equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state and federal law.

### GENERAL

Name (last, first, middle initial): Momanyi Rachel, N.

E-Mail Address: rnmogire@gmail.com

Present Address (street, city, state, zip): 406 Mingocrest drive, Knightdale, NC 27545

Social Security No: 222-94-0818

Home phone:  
( )

Cell phone:  
(919 )867-8540

Position for which you are applying: Certified Nursing Assistant

Starting rate desired:  
\$ 14  
per hour

Check all that apply:  Full-time work  Part-time work  
 Weekends  Overnight  Live - In

Morning  Afternoon  Evening

By whom were you referred? Janet Musinda

Are you at least 18 years of age?  
 Yes  No

The Company will only work with U.S. citizens and aliens lawfully authorized to work in the U.S.

Are you a U.S. citizen?

If not a U.S. citizen, are you lawfully authorized to work in the U.S.?

Yes  No

Yes  No

*Proof of citizenship or immigration status will be required upon contractor.*

Have you been convicted of a felony or drug-related offense?  Yes  No

If yes, please explain:

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you have applied?  Yes  No

### CONTRACTOR

List below 3 past employers, including current, beginning with your most recent, including military service.

Company name and Location (City, State): (Current or Most Recent)

Title: Licensed Clinician Addiction Specialist Associate (LCAS-A)

Phone No:919-431-9874

Type of Business: Substance abuse Treatment Centre

Duties: Facilitating group: teaching group and educating them about the effects of using substance abuse and teaching them coping skills to use in place of drugs and alcohol, documentation, intake and discharge of clients.

Starting salary: \$25	Ending salary: \$25	From (month/year): 05/15 /2017	To (month/year): / current
Name of supervisor(s): Mitchelle Wareham		Reason for leaving: Not leaving (It's a part-time job)	
Company name and address: The Gardens			
Title: Private contractor		Phone No: 919-696-1132	Type of Business:
Duties: Taking care of her ailing mother, assisting her with daily living activities such as bathing, meal preparation, dressing, laundry, running errands, light house-keeping, medication reminder, and companionship.			
Starting salary: \$ 12	Ending salary: \$12	From (month/year): 04/15/2015 /	To (month/year): 10/10/2017 /
Name of supervisor(s): Merri Robinson		Reason for leaving: Client passed on.	
Company name and address: Lekitacare			
Title:CNA		Phone No: 18134099598	Type of Business: Home care
Duties: Light housekeeping, meal prep, daily living activities, driving client to and from appointments, medication reminder, ambulation, running errands.			
Starting salary: \$12	Ending salary: \$12	From (month/year): 11/10/2017 /	To (month/year): 02/10/2017 /
Name of supervisor(s): Monicah		Reason for leaving: Client no longer needed full time assistance	
May we contact contractors listed above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not, indicate which one(s) you do not wish us to contact: _____			
<b>EDUCATION</b>			

If your school records are under a different name, please enter that name:

**High School** (name and address:) Kereri Girls High

Years completed: <b>6</b>	Did you graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--

**College** (name and address:) Grand Canyon University

Years completed:2	Did you graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	List diploma or degree: Masters in Addiction Counseling
-------------------	--	---

Course of study (major/minor): Mental health and substance abuse

**Other** (name and address:) Moi University

Years completed: 3	Did you graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	List diploma or degree: BED
--------------------	--	-----------------------------

Are you attending school or taking courses now?  Yes  No  
If yes, where?

List scholastic honors: LCAS-A

### SKILLS & ABILITIES

Do you have an appropriate valid driver's license?  Yes  No

Driver's License #28269976\_\_\_\_\_

In the past three years have you received any moving violations, or been involved in any vehicular accidents that were your fault?  Yes  No

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CAREGIVING REFERENCES

Do not refer to relatives. Include only individuals familiar with your work ability.

NAME	ADDRESS (street, city, state, zip)	YEARS KNOWN	OCCUPATION
1. Margaret Kefa	1901 Serenade Circle, Raleigh, Nc 27610	3	Care giver
2. Merri Robinson	2513 Village Stone Court, Raleigh, NC 27614	2-3	Employer
3. Halima Muli	7832 Lagenaria drive Angier, NC 27501	16	Friend and co-worker

**REMARKS**

Please add any statements which you feel may help to clarify answers to the questions in this application. Also, you may add job-related volunteer activities or knowledge, skills and abilities as they relate to the job for which you are applying. (You may exclude information which would reveal race, religion, age, disability or other protected status.)

**I also went to Thomas Health where I got a certification for Nursing Assistant in 08/ 2003 and I have been a caregiver to many and still have the passion of serving others.**

**PLEASE READ CAREFULLY**

*I certify that the facts contained in this application are true and complete. I understand that falsified statements on this application shall be considered cause for discharge.*

*I understand that any offer of contract made by 1st Response Home Care is contingent upon the satisfactory results of a motor vehicle report and a criminal background check.*

*I further acknowledge and agree that my contract may be terminated, with or without prior notice, at any time, at the will of the Company or me, with or without cause.*

*No representative or employee of the Company, with the exception of the President, has the authority to enter into any contract or agreement with a client within two (2) years of termination from the Company. I also understand that if I enter into such a contract or agreement with a 1st Response Home Care client, be it past or present, I will liable to the Company for damages up to \$3,000.*

*This application will be maintained in the Company's active files for three months only, unless renewed.*

*I acknowledge that I have read and understand these terms.*

Date: 11/06/2017

Signature: Rachel Nyaboke Mogire Momanyi