

# Application for Employment

Date of Application: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
Last First Middle

Other name(s) you have worked under: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name Telephone

Address Relationship

Have you ever worked for the agency before?  No  Yes (Dates: \_\_\_\_\_)

## Employment Request

Employment desired:  Full-time  Part-time

Availability:  Days  Evenings  Nights

Days/hours available to work			
No Pref	_____	Thur	_____
Mon	_____	Fri	_____
Tue	_____	Sat	_____
Wed	_____	Sun	_____

## Military Record

Have you ever been in the Armed Forces?  Yes  No

Branch: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Discharge type/date: \_\_\_\_\_

Are you an active member of the National Guard?  Yes  No

*This Agency is an equal opportunity employer. The Agency adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. The Agency assures that an applicant's opportunity for employment with this Agency depends solely on qualifications.*

<input type="checkbox"/> 4U Home Health Care <input type="checkbox"/> 2Care4U LLC	<input type="checkbox"/> Grand Rapids Office 1107 NW 4 <sup>th</sup> Street Grand Rapids, MN 55744 218.326.0095 ph. 218.999.0214 fax	<input type="checkbox"/> Hermantown Office 4891 Miller Trunk Hwy, Ste 104 Hermantown, MN 55811 218.302.1966 ph. 218.249.0861 fax	<input type="checkbox"/> Savage Office 6001 Egan Drive, Ste 150 Savage, MN 55378 952.693.0545 ph. 952.693.0264 fax
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## Education

Do you hold a current certification for:

Home Health Aide (HHA)

Licensed Practical Nurse (LPN)

Certified Nursing Assistant (CNA)

Registered Nurse (RN)

CPR/First Aide

Other: \_\_\_\_\_

Type of School	School Name	Location (complete mailing address)	Years Completed	Major, Degree, etc.
High School				
College				
Other: _____				

If your education records are listed under another name, please indicate: \_\_\_\_\_

List all other skills, training, and experience that may be pertinent to the position you are applying for:

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## Background Information

If you answer **YES** to any of the questions below, give an explanation in the space provided or as an attachment. The explanation should include, but is not limited to: State and/or jurisdiction, nature of complaint, disposition of complaint (i.e. "dismissed for insufficient evidence"), date of disposition, and attached copies of any correspondence received with regard to the complaint.

Are there any disciplinary actions pending against your CNA certificate or health care professional license in any state or US jurisdiction?

Yes  No

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Have you ever been found to have violated any state, US jurisdiction or federal law regulating the practice of a health care profession?

Yes  No

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Have you ever had any certificate, registration, license, or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, US jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid any action by such authority?

Yes  No

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## Work History

Please list your work history for the past **3 years** beginning with your most recent/current job held. If you were self-employed, give company name. Attach additional sheets if necessary.

May we contact your current employer?  Yes  No

## Work History (cont.)

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason For Leaving	Employment Dates	Job Title
	Start: Final:	
List the positions held, duties performed, skills used/learned, and advancement/promotions while you were employed at this company:		

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason For Leaving	Employment Dates	Job Title
	Start: Final:	
List the positions held, duties performed, skills used/learned, and advancement/promotions while you were employed at this company:		

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address/City/State: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason For Leaving	Employment Dates	Job Title
	Start: Final:	
List the positions held, duties performed, skills used/learned, and advancement/promotions while you were employed at this company:		

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason For Leaving	Employment Dates	Job Title
	Start:  Final:	

List the positions held, duties performed, skills used/learned, and advancement/promotions while you were employed at this company:

## Applicant Agreement

I understand that the employer has the right to proceed with the required MN-DHS background check.  Yes  No

I understand that if I am hired I will be required to produce proof that I have a legal right to work in the USA in accordance with the IRCA of 1986.  Yes  No

Initials: \_\_\_\_\_

## Application Waiver

In exchange for the consideration of my job application by the agency, I agree that:

Neither the acceptance of this application 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, policy and procedure statements, manuals, benefit plans, and the like as they may exist from time to time, or other agency practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain the employee of the Agency, or other wise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by an Executive Board Member of the Agency. Both the undersigned and the Agency may end the employment relationship at any time, with or without notice or cause. I understand that the Agency may unilaterally change or revise their handbooks, policies and procedures, and benefits at any time without notice.

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts call for is cause for dismissal at any time without any previous notice. I hereby give the Agency permission to contact schools, present and previous employers (*unless otherwise indicated*), references, and others, and hereby release the Agency from any liability as a result of such contact.

I also understand that (1) the Agency has a drug and alcohol policy that may require pre-employment testing as well as testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful completion and scoring of testing under such policy. I further understand that continued employment may be based on the successful passing of a job-related physical examination.

I further understand that my employment with the Agency shall be probationary for the first 520 hours. Furthermore, that at any time during the probationary period or thereafter, my employment relation with the Agency is terminable at-will for any reason by either party.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_