

Application for Employment

Send completed application to: awahlstrom@4uhhc.com

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:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Days/hours available to work			
		No Pref	_____	Thur	_____
Availability:	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	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 th 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:

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

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

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

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	Pay/Salary	Job Title
	Start:	Start:	
	Final:	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	Pay/Salary	Job Title
	Start:	Start:	
	Final:	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	Pay/Salary	Job Title
	Start:	Start:	
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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	Pay/Salary	Job Title
	Start:	Start:	
	Final:	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: _____