

400 Evans Avenue
 Elk River, MN 55330

EMPLOYMENT APPLICATION

BACKGROUND DATA (Please Print)

Position or types of work applying for:		Date of Application:	
How did you hear of us? ___ Newspaper (specify) _____ ___ From a current employee ___ From a friend, relative or community member ___ Walk-in ___ Other (specify) _____			
Locations interested in: <input type="checkbox"/> Home Care – Elk River <input type="checkbox"/> Home Care – Cambridge <input type="checkbox"/> Catered Care – Elk River <input type="checkbox"/> Home Care - Buffalo <input type="checkbox"/> Hospice – Elk River <input type="checkbox"/> Hospice - Buffalo <input type="checkbox"/> Hospice - Cambridge		Shifts interested in: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	

PERSONAL DATA

Last Name		First Name		Middle Name	
Street Address		City		State	
				Zip Code	
Home Telephone:			Work Telephone: (or other)		
Date Available to Start:			Salary Expectations:		

Guardian Angels † Elim Care, Inc. will consider all applicants for employment without regard to race, color, religion, sex, national origin, age, marital status, disability, sexual orientation or any other legally protected category as may be provided by Federal, State, or local statute or ordinance.

We Are An Equal Opportunity Employer

EMPLOYMENT DATA (List most recent employer first)

COMPANY	DATES EMPLOYED		DESCRIBE JOB RESPONSIBILITIES
Employer	From	To	
Address			
Telephone Number	<u>Rate of Pay</u> Start Final		
Job Title	Supervisor		
Reason for Leaving			

COMPANY	DATES EMPLOYED		DESCRIBE JOB RESPONSIBILITIES
Employer	From	To	
Address			
Telephone Number	<u>Rate of Pay</u> Start Final		
Job Title	Supervisor		
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COMPANY	DATES EMPLOYED		DESCRIBE JOB RESPONSIBILITIES
Employer	From	To	
Address			
Telephone Number	<u>Rate of Pay</u> Start Final		
Job Title	Supervisor		
Reason for Leaving			

Professional Licenses and Certifications:

Type: _____
 State: _____ Expiration Date: _____ Registration No.: _____

Additional Work Experiences:

Summarize any additional work-related experiences you have had which might provide us with relevant information about special skills or qualifications you have acquired: _____

		<i>Please Check Your Response</i>	
Do you have the legal right to live and work in the USA? We hire only United States citizens and aliens lawfully authorized to work here. Proof that you have legal employment status will be required if you are hired.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked for us before? If yes, under what name? _____ Position held: _____ Dates of Employment: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you available to work: (indicate with a ✓) <input type="checkbox"/> Full Time; <input type="checkbox"/> Part Time; <input type="checkbox"/> Casual Time; <input type="checkbox"/> On Call			
Have you received any job-related training from the United States Military? If yes, describe training and duties: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a crime other than a minor traffic violation? (Conviction will not necessarily disqualify an applicant from consideration for employment.) If yes, please explain and identify rehabilitation efforts		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

	HIGH SCHOOL	TECHNICAL OR BUSINESS SCHOOL	COLLEGE	OTHER
School Name and Location				
Years Completed	9 10 11 12	<1 1 2	1 2 3 4	<1 1 2 3 4
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Received				
Describe areas of study or specialization				
List any additional information that would help us assess your knowledge, skills and abilities:				

Professional and Community Involvement: List professional, trade, business or civic organizations and activities in which you are or have been actively involved. Please exclude any memberships or activities which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

References: Name three persons who have firsthand knowledge of your work skills and experiences (other than current or previous supervisors/employers or relatives).

NAME	ADDRESS	PHONE

APPLICANT AUTHORIZATION

May we contact your present employer at this time? Yes No

I am a serious applicant for employment with Guardian Angels Elim Home Care. I certify that the information I have provided both orally and in writing is accurate and complete. I authorize Guardian Angels Elim Home Care and any agent acting on its behalf to confirm this information and to secure other necessary or relevant information from my employers, references, credit bureaus, academic institutions, governmental agencies, and other sources. If I become employed by Guardian Angels Elim Home Care, this authorization shall remain in effect throughout my employment.

I specifically authorize all employers and former employers to provide information that includes but is not limited to the following: verification of my application details; information requested on the attached sheet(s); information on duties of employment; compensation and wage history; job description and duties; training and education provided by employers or former employers; acts of violence, theft, harassment, or illegal conduct documented in my personnel record that resulted in disciplinary action or resignation, and my written response, if any, contained in my personnel record; written employee evaluations conducted before my separation from employment, and my written response, if any, contained in my personnel record; and written reasons for separation from employment.

I release all such sources and providers of information from all claims or damages arising from or related to the furnishing of information about me that appears reasonably to be true. I release Guardian Angels Elim Home Care, Elim Care, and all affiliated persons, agents, and employees, from all claims or damages arising from or related to the receipt or use of any and all information about me.

I understand that I have rights under the Fair Credit Reporting Act, notice of which has been provided to me.

I understand that, if my application for employment is successful, I may be given a conditional offer of employment that is dependent on the results of a drug and alcohol test; criminal background check; a "consumer report" as defined in the Fair Credit Reporting Act; a Mantoux or other tuberculin sensitivity test; or tests to determine physical capacity or other ability to perform the job safely and competently. If employed, my employment will be "at will." Guardian Angels Elim Home Care and I have agreed on any period of employment, wage, or benefits.

(Signature)

(Date)

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 (763) 241-0654

VOLUNTARY AFFIRMATIVE ACTION SURVEY

Applicants are considered for all positions, and employees are treated during employment without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as a disabled or Vietnam-era veteran, status with regard to public assistance, or any other legally protected status.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

To assist Guardian Angels † Elim Home Care with government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey.

Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant.

Please Print:

Date of Application:		Position(s) applied for:	
Last Name	First Name	Middle Name	Phone:
Street Address	City	State	Zip Code

Referral Source: (please check)

<input type="checkbox"/> Employment Agency Referral	<input type="checkbox"/> Job Service	<input type="checkbox"/> Walk- In
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Rehire
<input type="checkbox"/> Community Agency Referral	<input type="checkbox"/> College	<input type="checkbox"/> Other

Check one: Male Female

Check one of the following:

- White Black Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander

Check if one of the following are applicable:

- Vietnam Era Veteran Disabled Veteran Handicapped Individual

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 1-800-300-4357
 Fax (763) 241-0274

(Last Name, First, M.I., Maiden Name)

Date

The above listed individual has applied for employment with our company and is/was employed by you from _____ to _____ in the position of _____.

Also enclosed is an authorization and release form for this individual.

We would appreciate your cooperation in answering the following questions regarding the above named individual. Please check the appropriate rating as it applies. A self-addressed stamped envelope is enclosed for your convenience in replying.

Thank you.

	EXCELLENT	GOOD	FAIR	POOR	UNABLE TO ASSESS
Effective Leader					
Technical Skills Performance					
Communication Skills					
Dependability/Stability					
Punctuality/Attendance					
Professional Appearance					
Adaptability					
Interaction with Co-Workers					
Character/Integrity/Honesty					

Reason for leaving your employ _____

Would you rehire this individual? Yes No

If no, please explain: _____

Additional comments: _____

(Date)

(Signature of Individual Completing Evaluation)

(Title)