



# EMPLOYMENT APPLICATION

Please print and complete all requested information. Applicants may be asked to provide additional information on separate forms. This application will be kept on an active status for a period of 60 days. It is the applicants' responsibility to periodically check and update their application. All applicants will be required to complete this employment application to be considered for an open position with Reliable Home Care MN. A resume will not substitute for a completed employment application.

**RELIABLE HOME CARE MN IS AN EQUAL OPPORTUNITY EMPLOYER. WE ENCOURAGE ALL QUALIFIED INDIVIDUALS TO APPLY FOR EMPLOYMENT.**

## APPLICANT INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
STREET ADDRESS APARTMENT/ UNIT #

CITY STATE ZIP CODE

PHONE : ( ) E-MAIL: \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES?  YES  NO

HAVE YOU BEEN CHARGED OR CONVICTED OF A FELONY/ MISDEMEANOR OR KNOW OF ANY OTHER REASON YOU MIGHT NOT PASS THE MANDATORY CRIMINAL BACKGROUND CHECK? (According to the MN Department of Human Services all potential candidates must pass a criminal background check before employment may be offered)  
 YES  NO

IF YES, EXPLAIN \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION DESIRED: \_\_\_\_\_ DESIRED HOURS PER WEEK: \_\_\_\_\_

DATE AVAILABLE TO BEGIN WORK: \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

HAVE YOU EVER WORKED WITH RELIABLE HOME CARE MN?  YES  NO

IF YES, FOR WHAT CLIENT? \_\_\_\_\_ WHEN? \_\_\_\_\_

WERE YOU REFERRED BY A PCA OR A CLIENT?  YES  NO

IF YES, NAME OF REFERRAL \_\_\_\_\_

ARE YOU PRESENTLY WORKING WITH ANOTHER HOME HEALTH CARE COMPANY?  YES  NO

IF YES, COMPANY NAME \_\_\_\_\_ POSITION \_\_\_\_\_

ARE YOU APPLYING TO WORK WITH A SPECIFIC CLIENT? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO

IF YES MAY WE CONTACT YOUR EMPLOYER?  YES  NO



**EMPLOYMENT HISTORY (PLEASE START WITH YOUR RECENT EMPLOYER)**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE

SUPERVISOR'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

POSITION AND DUTIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE

SUPERVISOR'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

POSITION AND DUTIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE

SUPERVISOR'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

POSITION AND DUTIES: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_



**EDUCATION HISTORY**

SCHOOL	NAME AND ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
JUNIOR HIGH				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
VOCATIONAL/BUSINESS				
OTHER				

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED TO WORK FOR RELIABLE HOME CARE MN?

IF SO, PLEASE EXPLAIN \_\_\_\_\_

**PROFESSIONAL REFERENCES**

PLEASE LIST BELOW THREE PROFESSIONAL REFERENCES. PROFESSIONAL REFERENCES ARE INDIVIDUALS WHO CAN ATTEST TO YOUR WORK PERFORMANCE IN A PROFESSIONAL OR ACADEMIC SETTING SUCH AS A DIRECT SUPERVISOR, COLLEAGUE, ACADEMIC ADVISOR OR A PROFESSOR.

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_



**ACKNOWLEDGMENT**

**Conditions of Employment**

The above information is true and correct. I understand that, in the event of my employment, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herine requested, regardless of the time elapsed after discovery. I authorize Reliable Home Care MN to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Reliable Home Care MN. I will hold Reliable Home Care MN, and my former employer, harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Reliable Home Care MN to obtain any credit and consumer check. I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Reliable Home Care MN is intended to create an employment contract between myself: and Reliable Home Care MN, and that my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will, and may be terminated by me (with the reasonable 2 week notice) or Reliable Home Care MN at any time, and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

\_\_\_\_\_

Print Name

Signature

Date

**Criminal Background Verification**

Due to the nature of our business it is required that each person pass a criminal background check before he/she is offered a position with Reliable Home Care MN The background check may take 5-7 business days or in some cases several weeks. If during the course of your employment we receive a letter from the MN Department of Human Services stating that you are no longer eligible to work in the field of Human Services or that if you remain employed you must remain supervised at all times we will terminate employment immediately. Due to the nature of our business and in order to best meet the needs of our clients, Reliable Home Care MN and the MN Department of Human Services require staff members to have and maintain cleared background checks in order to be eligible for continued employment.

\_\_\_\_\_

Print Name

Signature

Date

**OFFICE USE ONLY**

DATE SUBMITTED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

INTERVIEW SCHEDULED: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_