



135 W. Main Street Suite G • Owatonna, MN 55060
Office: 507-214-8007 • Fax: 507-214-8010

Employment Application

All Generations Home Care, Inc. IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE/COLOR, RELIGION/CREED, NATIONAL ORIGIN, SEX, MARITAL STATUS, DISABILITY, SEXUAL ORIENTATION, AGE, MILITARY SERVICE/OBLIGATION, VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

Date of Application:	Referred to Agency by:
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Personal Information		
Last Name	First Name	Middle Initial
Name called by:		Date of Birth: (to be completed if under age 18)
Street Address:		City/State/Zip:
Home Phone () -	Cell phone (if applicable) () -	Alternate phone () - state type:
Emergency Contact Name:		Relationship:
Phone: (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)		Alt phone: (<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)

Type of Position/Function Desired	
Please check appropriate box: <input type="checkbox"/> RN <input type="checkbox"/> PCA <input type="checkbox"/> HMK <input type="checkbox"/> Office/General	
Days Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Hours available:	
Location(s) of desired employment:	
Anticipated wage: \$ /hour	Date available to begin work:

Military Background	
Active Military Branch:	Present Rank or Highest Rank Held
Service Status:	Date of Active Service U.S. only From _____ To _____
Reserve Status:	Principle Duties:

<u> </u> (please Initial)
I understand this position for which I am applying for is subject to a background study, and that this employer is not permitted to hire employees who are disqualified from working because of their past criminal history.
Do you have the legal right to work permanently in the U.S.? (Please circle one) Yes/No
If no, please explain. _____

Education Information			
Type of School	Name of School	Subjects/Majors	Graduate/Degrees/Certificates
High School			
College			
Technical School			
Other			

EMPLOYMENT HISTORY

Current or Most Recent Employer	
Company Name: Address: City State Zip:	Phone:
Immediate Supervisor:	Title:
Department:	Phone Number:
Date(s) of Employment : From ____/____/____ To ____/____/____ or present (circle if applicable)	
Starting Salary \$_____ per _____	Ending Salary \$_____ per _____
Job Duties:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are leaving or have left this position please state your reason for leaving.	
What did you enjoy most about this position?	
What did you enjoy least about this position?	

Previous Employer:	
Company Name: Address:	Phone: City State Zip:
Immediate Supervisor:	Title:
Department:	Phone Number:
Date(s) of Employment : From ____/____/____ To ____/____/____ or present (circle if applicable)	
Starting Salary \$_____ per _____	Ending Salary \$_____ per _____
Job Duties:	Reason for Leaving:

Previous employer:	
Company Name: Address:	Phone: City State Zip:
Immediate Supervisor:	Title:
Department:	Phone Number:
Date(s) of Employment : From ____/____/____ To ____/____/____ or present (circle if applicable)	
Starting Salary \$_____ per _____	Ending Salary \$_____ per _____
Job Duties:	Reason for Leaving:

Previous employer:	
Company Name: Address:	Phone: City State Zip:
Immediate Supervisor:	Title:
Department:	Phone Number:
Date(s) of Employment : From ____/____/____ To ____/____/____ or present (circle if applicable)	
Starting Salary \$_____ per _____	Ending Salary \$_____ per _____
Job Duties:	Reason for Leaving:

Other Employment:			
Employer	Position	Dates of Employment	Job Duties

Application completion
<p>By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, All Generations Home Care, Inc. may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. All Generations Home Care, Inc. may require its employees, as a condition of employment, to submit to a drug and alcohol test upon hire.</p> <p>I have noted that All Generations Home Care, Inc is an Equal Opportunity Employer and all applicants receive lawful consideration for employment without regard to race/color, religion/creed, national origin, sex, marital status, disability, sexual orientation, age, military service/obligation, veteran status, or any other legally protected status.</p> <p>Applicant Signature _____ Date _____</p> <p>Applications will be considered for 9 months. If an applicant wishes to reapply after the 9-month period, they will need to complete a new application.</p>

For office use only		
Notes:		
Tentative Orientation Date:	Tentative DOH :	Tentative wage:
Client matching:	Travel/Location Interests:	Hours of availability:

All Generations Home Care will utilize the following personal information voluntarily provided by the applicant in order to complete a Local and Statewide Court System Search, Background Study, and Office of Inspector General Search.

Your privacy rights are available upon request. They are outlined in a separate notice entitled "Local and Statewide Court System Privacy Notice", "Background Study Privacy Notice" and/or "Office of Inspector General Privacy Notice" from this agency.

Full Legal Last Name:			
Full Legal First Name:			
Full Legal Middle Name:		Social Security Number:	
Address:			
City/State/Zip:			
Date of Birth:		Phone Number:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Please list any other First Names you have used:			
Please list any other Last Names, <u>including maiden name</u> , you have used:			
Have you lived out of your current state of residence in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list location(s) and dates:			
State:	From:	To:	
State:	From:	To:	
State:	From:	To:	
MN Drivers License Number:			
Drivers License Expiration Date:			
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country and State of Birth	

Signature: _____

Date: _____