ANGEL CARE SERVICES INC

Application for Employment

2520 CENTRAL AVE NE, SUITE 150 · MINNEAPOLIS, MN 55418 · (612) 483-3136 · INFO@ANGELCAREMN.COM

Equal opportunity employer. Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, disability, marital status, status with regard to public assistance, or veteran status. All qualified applicants receive equal consideration.

1. PERSONAL INFORMATION

Last name _____ First name _____ Middle _____ Date _____

Other surnames you have used _____ Social Security number _____

Present address (street) _____ City _____ State _____ ZIP _____

Permanent address (if different) _____ City _____ State _____ ZIP _____

Home phone _____ Alternate phone _____ Email _____

How did you hear about this position? _____ Referred by _____

Are you legally entitled to work in the United States? ☐ Yes ☐ No Are you at least 18 years of age? ☐ Yes ☐ No

In case of emergency, notify (name) _____ Phone _____ Relationship to you _____

U.S. military or naval service _____ Rank _____ Guard / Reserves? ☐ Yes ☐ No

2. EMPLOYMENT DESIRED

Position: ☐ RN ☐ LPN / LVN ☐ Home Health Aide ☐ Personal Care Attendant ☐ Homemaker ☐ Staffing ☐ Clerical ☐ Other _____

Have you passed competency testing? ☐ Yes ☐ No Do you have a certificate? ☐ Yes ☐ No

Do you have a current driver's license? ☐ Yes ☐ No Do you currently have a car? ☐ Yes ☐ No

Have you applied to this company before? ☐ Yes ☐ No If yes, where? _____ When? _____

3. PROFESSIONAL LICENSES, CERTIFICATIONS, AND REGISTRATIONS

Do you hold any? ☐ Yes ☐ No

License / certificate / registration #	Type	State issued	Date expires	Status (active, inactive, restricted, conditional, pending)

4. REFERENCES

Three work-related references

Name	Address	Company / position	Phone

ANGEL CARE SERVICES INC

Application for Employment

APPLICANT NAME: _____

5. EDUCATION

	Name and location of school	Years attended	Graduated	Degree / certification
High school			☐ Yes ☐ No	
College			☐ Yes ☐ No	
College			☐ Yes ☐ No	
Additional training				

6. EMPLOYMENT HISTORY

Last five years, most recent first. Attach pages if needed.

Dates (month / year)	Employer name, address, and supervisor	Salary	Position	Reason for leaving
From				
To	May we contact? ☐ Yes ☐ No			
From				
To	May we contact? ☐ Yes ☐ No			
From				
To	May we contact? ☐ Yes ☐ No			
From				
To	May we contact? ☐ Yes ☐ No			

7. AUTHORIZATION AND AGREEMENT

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and with or without any prior notice.

I hereby agree that, as a condition of employment by the Agency, I will promptly inform the Agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses, of which I am convicted after today.

I understand that employment is contingent on a Minnesota background study as required by the Minnesota Department of Health, and on verification of the licenses and certifications listed above.

Applicant signature _____ **Date** _____

OFFICE USE ONLY

Received by	Date received	Interview date	Background study started

Voluntary Self-Identification

KEPT IN A CONFIDENTIAL FILE, SEPARATE FROM YOUR APPLICATION

Angel Care Services INC is an Equal Opportunity / Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, disability, marital status, source of income, class, physical characteristics, sexual orientation, or political beliefs.

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting, and other legal requirements, please complete this form. **Submission of this information is voluntary** and has no effect on your application. It is used for analysis and affirmative action only.

Date _____

Position applied for _____

Gender

- ☐ Male
- ☐ Female
- ☐ Choose not to respond

Race / ethnic background

- ☐ American Indian / Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian / Other Pacific Islander
- ☐ Black / African or African American
- ☐ Hispanic / Latino
- ☐ White / Caucasian
- ☐ Two or more races
- ☐ Choose not to respond

Veteran status

- ☐ Vietnam era veteran
- ☐ Disabled veteran
- ☐ Other veteran
- ☐ Non-veteran
- ☐ Choose not to respond

Disability status*

- ☐ Disabled
- ☐ Not disabled
- ☐ Choose not to respond

* According to the Americans with Disabilities Act, the term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of that individual, a record of such an impairment, or being regarded as having such an impairment.