

DIVINE HOME CARE, INC
 Home Care With A Heart
 322 SW 2nd Street, Willmar, MN 56201
 Phone 320-231-9757 Fax 320-231-9795

APPLICATION FOR EMPLOYMENT positions without regard to race, color, religion, sex, national origin, age or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For:	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
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Address	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, Give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa Yes No
 or Immigration status? (Proof of citizenship or immigration status will be required upon employment)

On what date could you be available for work? Yes No

Are you currently on a lay off status and subject to recall? Yes No

Can you travel if your job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
 (A conviction will not necessarily disqualify applicant from employment)

If yes, please explain: _____

Education

	Elementary	High School	College/University	Graduate School
Diploma/Degree				
Describe Courses Studied CNA Certification HHA Certification				

** PCA certification training is required by the State of Minnesota. Please complete that on line @

Describe any specialized training, skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering you as an applicant for a position.	

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List Professional, trade, business or civic activities and office held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status)

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

Have you ever had any job related training in the United States military? Yes No
 If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job
 Which you are applying? Yes No

Employment Experience

Employer		Dates employed	
		From:	To:
Address		Salary	
		Starting:	Ending:
Telephone Number	Job Title		Supervisor
Reason for leaving			
Work performed			

Employer		Dates employed	
		From:	To:
Address		Salary	
		Starting:	Ending:
Telephone Number	Job Title		Supervisor
Reason for leaving			
Work performed			

Employer		Dates employed	
		From:	To:
Address		Salary	
		Starting:	Ending:
Telephone Number	Job Title		Supervisor
Reason for leaving			
Work performed			

Special skills and Qualification

Summarize special job related skills and qualifications acquired from other employment experience.
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Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____
 Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.
 The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Date Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name:	Birth date:	SS#:
Address:		
City:	State:	Zip:
Current Job:	Male ()	Female ()
White() Black() Hispanic() American Indian/Alaskan Native() Asian/Pacific Islander() Other ()		
Vietnam Era Veteran () Disabled Veteran () Handicapped Individual ()		