



APPLICATION FOR EMPLOYMENT

Divine Home Care, Inc. is an Equal Opportunity Employer

PLEASE PRINT

Position(s) Applied For:	Date of Application:
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Which office location are you applying for?

<input type="checkbox"/> Benson	<input type="checkbox"/> Litchfield	<input type="checkbox"/> Little Falls	<input type="checkbox"/> Redwood Falls	<input type="checkbox"/> Willmar
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How did you learn about us?

<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Online advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Website
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other [please specify] _____		

Last Name:	First Name:	Middle Name:
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Address:	Street:	City:	State:	Zip Code:
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Primary telephone number:	Secondary telephone number:
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Social Security Number (Optional):	Email:
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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, provide date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you authorized for employment in the United States? Yes No

On what date could you be available for work? _____

Are you currently on a lay off status and subject to recall?

Yes No

Can you travel if your job requires it?

Yes No

Education

Elementary	High School	College/University	Graduate School

Diploma/Degree

Yes No

CNA Certification

Yes No

HHA Certification

Yes No

*PCA certification training is required by the State of Minnesota. Please complete training online:

<http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=16>

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			

References: Please give name, address and phone 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	
Address:		From:	To:
Telephone Number:		Salary	
Job Title:		Starting:	Ending:
Reason for leaving:		Supervisor:	
Work performed:			

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

Employment Experience Continued

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

<p>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.</p> <p>_____</p> <p>Signature of Applicant</p> <p>_____</p> <p>Date</p>

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 Data 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

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.

Please Print

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 ()		

Divine Home Care & Hospice

Contact Information

www.divinehomecare.com

888.240.5456

Willmar Office

322 2nd St SW

Willmar, MN 56201

320.231.9757

Staffing Coordinator: Alexis

Little Falls Office

50 ½ East Broadway

Little Falls, MN 56345

320.632.2260

Office Manager: Kayla

Benson Office

112 13th St South

Benson, MN 56215

320.843.9178

Office Manager: Janelle

Redwood Falls Office

321 East Chestnut

Redwood Falls, MN 56283

507.637.2600

Office Manager: Desiree

Litchfield Office

201 Sibley Ave South

Litchfield, MN 55355

320.693.2580

Staffing Coordinator: Loricee

Hospice

322 2nd St SW

Willmar, MN 56201

320.231.9757

Staffing Coordinator: Miranda