



# APPLICATION FOR EMPLOYMENT

*Divine Home Care, Inc. is an Equal Opportunity Employer*

**PLEASE PRINT**

Position(s) Applied For:	Date of Application:	Have you worked for Divine Home Care or Hospice in the Past? YES      NO
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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	<input type="checkbox"/> Home Care Nursing
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### How did you learn about us?

<input type="checkbox"/> Newspaper advertisement	<input type="checkbox"/> Facebook	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Website
<input type="checkbox"/> Radio	<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 – Not Required):	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 worked for Divine Home Care in the past?      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. <small>(Need not disclose any activities which might reveal member of protected class)</small>	
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** \_\_\_\_\_

**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 experiences.


**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.
- I understand this application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period I need to inquire as to whether or not applications are being accepted at that time.
- I hereby understand and acknowledge that this employer retains the right to terminate its employees at any time for any reason not prohibited by law, that an employee has the right to resign employment at any time for any reason (subject to the employer’s notice request or requirement, if any) and that these mutual rights constitute this employer’s at will employment policy.
- It is further understood that any understandings and agreements between this employer and any employee contrary to 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 director of this organization.
- This employer’s employee handbook does not constitute an employment contract for a term of employment and may be revised or discarded at the employer’s discretion.
- Any future employee handbook issued supersedes all prior handbooks and previously issued policies.
- 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

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*

*(320) 231-9757*

### **Willmar Office**

322 2<sup>nd</sup> St SW

Willmar, MN 56201

320.231.9757

Staffing Coordinator: Alexis

### **Benson Office**

112 13<sup>th</sup> St South

Benson, MN 56215

320.843.9178

Office Manager: Jenna

### **Litchfield Office**

201 Sibley Ave South

Litchfield, MN 55355

320.693.2580

Staffing Coordinator: Loriee

### **Little Falls Office**

50 ½ East Broadway

Little Falls, MN 56345

320.632.2260

Staffing Coordinator: April

### **Redwood Falls Office**

321 East Chestnut

Redwood Falls, MN 56283

507.637.2600

Office Manager: Michele

### **Hospice**

322 2<sup>nd</sup> St SW

Willmar, MN 56201

320.231.9757

Director: Stephanie