

HOME CARE SOLUTIONS
3390 Annapolis Lane Suite A
Plymouth, MN 55447
(763) 231-9000
(763) 231-9004 FAX

EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY AND PRINT IN INK OR TYPE. Home Care Solutions is an equal opportunity employer and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, marital status, color, creed, sexual orientation, or disability. Information provided on this application will not be used for any discriminatory purpose.

Name (Last) _____ First _____ MI _____

Address: _____ ZIP _____

Home Telephone _____ Cell Telephone _____

Email Address _____

Have you been known by another name? ___ Yes ___ No If yes, what? _____

Have you ever applied at Home Care Solutions before? ___ Yes ___ No If yes ó When? _____

Position Applying for _____ When are you available to start work? _____

Available: ___ Weekly ___ Weekends ___ Anytime ___ Other ___ Flexible

Location desired: _____ Do you have your own transportation? _____

Health restrictions, if any _____

Are you able to work in Twin City metro area? ___ Yes ___ No

REFERENCES:

Please list 4 professional references (**not relatives**). Give name and current phone number and relationship to you.

[Example: teacher, co-worker, landlord, doctor, pastor, rabbi, manager/supervisor, business owner, roommate, etc.]

	NAME	CURRENT PHONE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

How did you hear about Home Care Solutions? _____

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List previous jobs starting with most recent. If you need more room attach another sheet or write on back. It is important to list duties and/or experiences related to home care, nursing or any specific therapy you are qualified for.

EMPLOYER _____ SUPERVISOR _____ PHONE: _____

ADDRESS _____ ZIP _____

FROM: _____ TO: _____ POSITION: _____

DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THEM? ___ Yes ___ No

EMPLOYER: _____ SUPERVISOR _____ PHONE: _____

ADDRESS _____ ZIP _____

FROM: _____ TO: _____ POSITION: _____

DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THEM? ___ Yes ___ No

EMPLOYER: _____ SUPERVISOR _____ PHONE: _____

ADDRESS _____ ZIP _____

FROM: _____ TO: _____ POSITION: _____

DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THEM? ___ Yes ___ No

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EDUCATION:

High School _____ Did you graduate? ____ Yes ____ No Highest grade completed _____

Technical/Trade School _____ Location _____ Major _____

College _____

Location _____ Major _____

Other
Education _____

Location _____ Major _____

Certificates _____

Professional memberships, certificates or licenses:

SPECIAL SKILLS:

Foreign Languages you speak/understand _____

Length of experience: _____

Are you CPR certified? _____

SALARY REQUIREMENTS: _____

I declare the above information is true and correct and understand that any misrepresentation or omission of facts will be grounds for immediate dismissal. I also understand my employment will be contingent upon receipt of proof of eligibility to work, verification of birth, criminal background check and / or any other pertinent information required by Home Care Solutions to satisfy Federal and State regulations. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including checking references of previous employers. I understand the State of Minnesota is an employment "at will" state and the employer can fire any employee for any reason at any time as long as that reason is not illegal.

I understand this application will be kept active for 90 days only.

Signed _____ Date _____

HOME CARE SOLUTIONS

Mark **only** the skills you can confidently and accurately perform today:

- _____ Dressing and undressing Client
- _____ Meal preparation and feeding
- _____ Bathing (bed and tub/shower)
- _____ Monitoring vital signs
- _____ Read all charting and follow care plan
- _____ Accurate charting
- _____ Report any changes to Nurse Manager
- _____ Be familiar with and practice Universal Precautions
- _____ Be familiar with and follow OSHA regulations and guidelines
- _____ Be familiar with emergency policies and numbers and be prepared to act when necessary
- _____ Perform personal hygiene and grooming
- _____ General housekeeping tasks
- _____ Assist Client with walking
- _____ Transfers (bed to chair, chair to walker)
- _____ Use of bedpans and urinals
- _____ Care and maintenance of Foley catheter
- _____ Diabetic blood glucose monitoring
- _____ Use of oxygen / nebulizer
- _____ Proper use of Hoyer Lift
- _____ Medication reminders

