

Peaceful Care, LLC Employment Application
2415 Annapolis Lane N. STE 130, Plymouth, MN 55441
Phone: (612) 701-6094 Fax: (763) 205-6574
E-mail: peacefulcare@hotmail.com Website: www.peacefulcare.com

Please print legibly the following:

Full Legal Name of Applicant: _____

Current Mailing Address: _____

City and County where you reside: _____

Zip Code: _____ E-mail address: _____

Phone Number: () _____ Cell Number: () _____

You must provide your date of birth, Social Security Number and your Driver's License or Minnesota State I.D. to be considered for employment:

Date of birth: _____

Social Security Number: _____

Must provide the following:

Driver's License Number: _____ State Issued: _____

MN State I.D. Number: _____ State Issued: _____

In case of an emergency, we must have an emergency contact person on record:

Name and relationship: _____ Phone: () _____

Education:

High School:

Name of High School: _____ City & State: _____

Years Attended: _____ Date Graduated: _____

College:

Name of College: _____ City & State: _____

Years Attended: _____ Did you graduate? [] Yes [] No

If yes, date of graduation: _____

Additional Training, please list, such as business, vocational schools or accreditations/certifications:

Identified Areas of Interest:

Client/Patient and Family Care (please check the items below which applies to you)

Housekeeping Senior Companion PCA/HHA Cares Respite Care

Non-Client/Patient Services or Skills

Clerical Fundraising Mailings Event Planning Marketing Promotion

What position(s) are you applying for? Please list:

Preference will be given to bi-lingual applicants

Do you know a language other than English? Yes No

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Preference will be given to Veterans

Are you a Veteran? Yes No

Do you possess any other special services, (manicurist, hairdresser, masseuse, first aid, CRP, etc.)? Please list:

Do you have access to public transportation? Yes No

If you have a vehicle, are you willing to drive within 20 or more miles of your home? Yes No

If you have a vehicle that you drive, can you give proof of automobile insurance? Yes No

How did you hear about employment with Peaceful Care, LLC? _____

Salary Desired? _____

Are you under the age of 18? Yes No

(If under age 18, hire is subject to verification of minimum legal age in the State of Minnesota)

Are you referring a potential client? [] Yes [] No

If so, what is your relationship to this potential client? Please explain:

Please note:

Do you have any friends, relatives, or acquaintances who work for Peaceful Care? [] Yes [] No

If yes, please explain: _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Yes [] No

Have you ever been convicted of a crime; plead guilty to any crime in any jurisdiction or other state, other than a minor traffic offense? [] Yes [] No

If hired, are you willing to take a Tuberculin skin test or Chest x-ray for Class A? [] Yes [] No

If hired, are you willing to submit to and pass a controlled substance test? [] Yes [] No

If hired, do you have dependable transportation to get to assigned client? [] Yes [] No

Are you able to perform the essential functions of the job for which you are applying, without reasonable accommodation? [] Yes [] No

If **yes**, describe the functions that **cannot** be performed. Do you need reasonable accommodations? Please be specific:

EMPLOYMENT HISTORY:

Most current Name of employer, address & city _____

Phone Number: () _____ From: _____ To: _____

Position or Title: _____ Supervisor's Name: _____

May we contact your current employer? [] Yes [] No Employer's Phone Number: () _____

Salary: _ _____ why do you want to leave, **(please explain)**?

Employer Name, address & city: _____

Phone Number: () _____ From: _____ To: _____

Position or Title: _____ Supervisor's Name: _____

Why did you leave? _____

Employer Name, address & city: _____

Phone Number: () _____ From: _____ To: _____

Position or Title: _____ Supervisor's Name: _____

Why did you leave? _____

VOLUNTEER WORK:

Have you ever worked in a volunteer capacity? [] Yes [] No,
If yes, what type of volunteer work, where and what did you do? **(Please explain)**

What qualities **(skills, talents, knowledge, and experience)** do you feel you can integrate into in-home work? **Please explain:**

What qualities **(skills, talents, knowledge, and experiences)** do you feel you can incorporate into your home health care work or other related experiences to a homecare provider?

What days are you available to work (please indicate by circling **only** those days you are available)? **For those individuals who are filling out an online application, please indicate by highlighting with dashes.**

Sundays Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

What times are you available to work **(mornings, evenings or both or overnights, please indicate below)?**

Only applies to HHAs: Would you like to be considered for Respite Care? [] Yes [] No

CODE OF ETHICS FOR EMPLOYEES

As an employee, I realize that I am subject to a code of ethics similar to which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting Peaceful Care, LLC is strictly confidential, and in accordance to the Data Privacy Act of 1974, including the employment application process.

If and when I'm accepted as an employee, I expect to do my work according to the standards set forth in the Personnel Policies and Procedures Employee Handbook of Peaceful Care, LLC.

Declaration

I hereby certify that the statements made on this application are true, correct and to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as an employee. I understand that I will undergo a criminal background check paid for and by Peaceful Care, LLC. I understand if I have patient/client contact, I will receive an annual Mantoux test at a later time. I affirm that I have read the employee Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client information I acquire in the course of my employment activities with Peaceful Care, LLC.

Applicant's Legal Signature

Date

Please note: If applying online, please type in your name below and date:

Typed or Written Legal Name

Date

Staff Comments (**only**): _____

PEACEFUL CARE, LLC, does not discriminate in employment opportunities or practices. All employment related decisions are made without regard to race, color, religion, sex, pregnancy, age, national origin, public assistance, sexual orientation, ancestry, physical or mental handicap, marital status, unfavorable discharge from military service, membership or activity in a local commission, or any other illegal basis under applicable equal opportunity laws.