

Helping Hands Home Care of Minnesota, Inc.

2244 490th Street

Northwood, IA 50459

800-246-9212 Fax: 888-691-4965

Equal Opportunity Employer

Employment Application:

Must Be Completed to the fullest. You Must provide a copy of 2 Legal forms of Identification.

First, Middle, Last Name:		Start Date:	Prior Names / Aliases:	
Eye Color:	Salary required?		Phone#:	
Hair Color:	Driver's License or State ID (circle one)?		State issued:	
Height:	ID Number:			
Weight:	Date of Birth:		Birth State:	
Race:	Social Security #:		Email:	
Current Physical Address and Mailing:				
Since driving a vehicle is a requirement in this position please list any tickets or fines that you have had in the last 5 years. I have had none ___ Yes (explain)				
Have you lived in any other state within the last 5 year? No ___				
If yes Where: City: _____ State: _____ From Year _____ To Year _____				
() Yes, I give Helping Hands Home Care of MN permission to give my phone number to other employees for strict business use. OR () No, I do not wish for my number to be given out				
Are you over 18? () Yes () No		Have you worked for this company? () Yes () No		
Gender: () Female () Male		When?		
Are you a citizen of the United States? () Yes () No			Position Applying For?	
If not are you allowed to work in the US? () Yes () No			() PCA () RN Supervision	
Have you ever pled "guilty" or "no contest" or been convicted of a crime? () No () Yes				
Yes? Please explain:				
PCA Pricing Schedule Hourly Rate \$ _____ PCA/HM \$ _____ Respite \$ _____ Travel Rate				
These rates remain in effect until further notice and supersede previously published rates.				
Education Record:				
Name of High School and Location:			Last Grade you Completed:	
Name of College Attended and Location:			Dates of Attendance:	
Major Subjects Completed/ Credits Earned:			Current License/Certification #:	
Do you have any medical problems that would prevent you from doing this type of work? () No () Yes If yes? Please Explain:				

By Signing below, I am authorizing Helping Hands Home Care of MN to submit to the state a Criminal Background Study. I am claiming that this information is true and correct, and I have received and understood the employment packet.

Employee Signature

Date

Supervisor Signature