

# RELIACARE

Home Health, LLC

883 St Anthony Ave., St Paul, MN 55104

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**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

<b>JOB APPLIED FOR</b>		<b>Social Security #:</b>	
TODAY'S DATE:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:	DATE OF EXP:
NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
EMAIL ADDRESS:		<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE	

WORK SCHEDULE AVAILABILITY				
Check Only One:	Check Only One:	Date You Can Report For Work:		
<input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> SEASONAL (S)	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			
LIST HOURS OF AVAILABILITY:				
<input type="checkbox"/> MONDAY:	<input type="checkbox"/> TUESDAY:	<input type="checkbox"/> WEDNESDAY:	<input type="checkbox"/> THURSDAY:	
<input type="checkbox"/> FRIDAY:	<input type="checkbox"/> SATURDAY:	<input type="checkbox"/> SUNDAY:		
EDUCATION / TRAINING HISTORY				
List high school, colleges, military, trade, business or other schools attended.				
Do you have a high school diploma or a GED certificate? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned Check One	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
<b>A</b>		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
<b>B</b>		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
<b>C</b>		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

**HOW DID YOU LEARN ABOUT THIS POSITION?**

- Help wanted sign  
 Employee Referral (List employee) \_\_\_\_\_  
 Friend: \_\_\_\_\_  
 Other: \_\_\_\_\_

**SPECIALIZED SKILLS AND KNOWLEDGE**

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, Computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

**Have you ever been convicted of a crime by civil or military courts?**     YES     NO

**If YES, for each conviction indicate date of conviction, nature of charge, and sentence received.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK HISTORY****JOB NUMBER 1 (current or most recent position)**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles.	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		MOST RECENT SALARY	
DUTIES List all duties you performed.			
Reason for leaving this position:			

**JOB NUMBER 2**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	If you checked any of these boxes, list the number of employees and their job titles.	
		MOST RECENT SALARY	
DUTIES List all duties you performed:			

**CERTIFICATION AND SIGNATURE:**

I hereby authorize to make a thorough investigation of all statements contained in this application, my past employment, education, and other activities, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify ReliaCare Home Health, LLC against any liability which might result from making such investigation. I also agree that if any misrepresentations have been made by me herein or the results of that investigation are not satisfactory for any reason, any offer of employment made to me by ReliaCare Home Health, LLC may be terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have begun work for ReliaCare Home Health, LLC.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks that I might receive is intended to create an employment contract between ReliaCare Home Health, LLC and me for either employment or the provision of any benefit. No promises regarding employment have been made to me. I understand that employment at ReliaCare Home Health, LLC is employment at will, which means that ReliaCare Home Health, LLC may terminate my employment, in the event that I am hired, with or without cause or notice.

I hereby acknowledge that I have read the above statement and understand it.

**SIGNATURE:**

**DATE:**

**OFFICE USE ONLY – Applicants: Do not write below this line.**

DATE OF BIRTH:

START DATE:

SCHEDULE/CLIENT NAME:

STARTING SALARY/COMMENTS: