



Date _____

At Home Solutions, LLC Employment Application

Personal Information

Name	Last	First	Middle	Social Security #
Address	Street	City	State	Zip Code
Phone, E-Mail	Home phone number	Work phone number	Cell phone number	E-mail address

Emergency Contact Information

Name	Last	First	Middle
Address	Street	City	State Zip Code
Phone	Home phone number	Work phone number	Cell phone number

Please answer the following questions:

Yes No Do you have prior experience assisting seniors or people with disabilities in their own home? _____
How long was this for? _____

Yes No Do you have a valid drivers license? (copy needed for company files)

Driver License Number: _____

State of Issue: _____

Yes No Do you own a reliable car that can be used for local travel?

Yes No Do you have proof of insurance? (copy needed for company files)

Insurance Carrier: _____

Policy Number: _____

Yes No Have you had any Automobile accidents in the past three years?

Yes No Have you had any moving violations on your driving record during the past 12 months?

Office Use: Interview Date and Time: _____ BG invite sent <input type="checkbox"/> LabCorp invite sent <input type="checkbox"/> Email sent (DDT/BG/LC/TB) <input type="checkbox"/> Notes:	Caregiver <input type="checkbox"/> CNA <input type="checkbox"/> CNA registry check done <input type="checkbox"/> exp date: _____ Mantoux test: started / completed Dates _____ MDH Background check done <input type="checkbox"/>
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- Yes No Are you able to clearly read, write, speak and understand English?
- Yes No Are you 21 or older?
- Yes No Can you provide proof of your ability to legally work in the U.S.? (specific verification needed: either a copy of passport; or a copy of drivers license / state ID along with: US Social Security Card, original/certified copy of birth certificate – copy needed for company files)
- Yes No Do you smoke?
- Yes No Have you been convicted of any misdemeanor or felony in the past 5 years, including sexual abuse?
- Yes No Have you been denied employment because of the results of a Background Check in the past 5 years?
- Yes No Do you have any physical conditions that may limit your ability to assist our clients (i.e. downsizing, decluttering, organizing, house work)?
If yes, explain: _____

Why are you interested in this type of work?

Have you had any volunteer experience? What was it and with what type of client? _____

Yes No Do you speak any foreign languages?

If yes:

Language	Verbal Proficiency			Writing/Reading Proficiency		
	H	M	L	H	M	L
	H	M	L	H	M	L

What is your highest level of education that you have achieved? Select one.

- HS diploma or GED
- HHA or CNA, Date Earned: _____
- One year of college, degree not yet earned
- Two years of college, degree not yet earned
- Three years of college, degree not yet earned
- Four or more years of college, degree not yet earned
- AA degree
- Bachelors Degree
- Other: _____

Personal References

Three persons, not related to you, that you have known for at least one year and we will call.

Name	Phone Number	Years Known	Relationship To You

Former Employers

Starting with the most recent

Employer	From	To	Wage	Position	Hours/wk
Employer Phone #	Supervisor		Reason for Leaving		May we call them?
Description of Duties					

Employer	From	To	Wage	Position	Hours/wk
Employer Phone #	Supervisor		Reason for Leaving		May we call them?
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Employer	From	To	Wage	Position	Hours/wk
Employer Phone #	Supervisor		Reason for Leaving		May we call them?
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Employer	From	To	Wage	Position	Hours/wk
Employer Phone #	Supervisor		Reason for Leaving		May we call them?
Description of Duties					

Hour Availability

Fill out the table below with the hours that you are available to work. Keep in mind, the more available you are the easier it is for us to find good clients for you to work with.

Preferred number of hours per week: _____

Day	Times that you are available (e.g. from 9am to 3 pm or anytime)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Are you willing to work overnight and 24 hour shifts?

Overnight Awake shifts: Y _____ N _____
 Overnight Sleep shifts: Y _____ N _____
 24 hour shifts: Y _____ N _____

Geographic Availability

We are striving to serve all of the Twin Cities Area; please indicate which areas you would be willing to work with a check next to the city.

	North Metro	West Metro	East Metro	South Metro	Other
	All	All	All	All	All
	Maple Grove	Plymouth	Maplewood	Bloomington	N. Minneapolis
	Anoka	New Hope	White Bear Lake	Burnsville	S. Minneapolis
	Coon Rapids	St. Louis Park	Roseville	Shakopee	N. St. Paul
	Andover	Hopkins	Vadnais Heights	Eagan	S. St. Paul
	Blaine	Minnetonka	Woodbury	W. St. Paul	Sherburne County
	New Brighton	Eden Prairie	Roseville	Lakeville	Isanti County
	Fridley	Edina		Prior Lake	
	Shoreview	Golden Valley		Apple Valley	
	East Bethel	Robbinsdale		Rosemount	
	Brooklyn Park	Wayzata		Inver Grove Heights	
	St. Anthony	Chanhassen		Richfield	
	Other:	Other:	Other:	Other:	Other:

Which Position Are You Applying For?

- Caregiver HHA/CNA

If you are applying for a HHA/CNA position, you will be required to show proof of your current certification. Is your certification current and active? Yes No

Please include a copy of your certification with your application.

Skill Sheet

Please check the following services that you can perform and already know how to perform.

Homemaker & Companion Assistance

- | | |
|----------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Meal Planning | <input type="checkbox"/> Changing beds |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Reading aloud |
| <input type="checkbox"/> Driving to appointments (either your car or client's vehicle) | <input type="checkbox"/> Write letters |
| <input type="checkbox"/> Dishwashing | <input type="checkbox"/> Socialization |
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Downsizing / Decluttering |
| <input type="checkbox"/> Dusting | <input type="checkbox"/> Organizational / Filing skills |
| <input type="checkbox"/> Making beds | <input type="checkbox"/> Licensed Handyman / Contractor |
| <input type="checkbox"/> Able to lift 50 lbs (for downsizing, decluttering purposes) | <input type="checkbox"/> Lawn care / light gardening |

Are you willing to work with:

- | | |
|----------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients who smoke |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients who have dogs |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients who have cats |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients who have other pets |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Female Clients |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Male Clients |

Have you had experience with:

- | | |
|----------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People with Alzheimer's |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People with Parkinson's |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People recovering from Strokes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People with Diabetes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People on Hospice |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People using walkers |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People using wheelchairs |

Tuberculosis (TB) Screening

No person who is contagious with TB will be allowed to provide services that require direct contact with clients. Please be advised that as part of the pre-employment process you will be required to provide documentation of having received a negative reaction to 2 Mantoux skin tests administered within the past 3 months, or if you have received a positive reaction, documentation of a negative chest x-ray recently administered.

At Home Solutions

PRE-EMPLOYMENT DRUG TESTING POLICY

(attach to job applications)

All job applicants at this Company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to lab-based or Point-of-Collection urine, hair or oral fluid test at the Company's sole discretion, and by signing a consent agreement, will release the Company from liability.

Any applicant with a positive test result, or who adulterates or substitutes a test sample or who attempts to do so, will be denied employment at that time. Any applicant who refuses to be tested or to provide a sample to be tested will be denied employment at that time.

The Company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Company will not tolerate.

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to a drug test or failure to qualify according to the minimum standards established by the Company for this drug test might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the Company, I may again be required to submit to a test of my urine, hair or oral fluid. I understand that refusal to take a requested drug test or failure to meet the minimum standards set for the drug test may result in immediate suspension or termination.

In the event that employment commences prior to the Company receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I further acknowledge that I have been advised that I can disclose any medications that I am taking or have recently taken, and that I have been advised to provide any other information that might affect the reliability of the result of any testing.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability fro any damage that may result from utilization of such information.

I also agree to a state and federal criminal background check and driving record/license check for the past seven years. I will also willingly submit to a drug screen prior to being hired. I understand that employment is contingent upon these results.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also understand that my employment with AHS is at will: I have the right to terminate it at any time and for any reason, and that AHS has the same right.

Signature: _____ Date: _____

At Home Solutions, LLC

6965 Langford Court Edina, MN 55436-1770

Tel: 952.292.5801

Toll Free: 866.50.ATHOME (502-8466)

Fax: 952-224-0991

website: www.athomesolutionsllc.com

e-mail: info@athomesolutionsllc.com