



APPLICATION FOR EMPLOYMENT AT HERITAGE OF EDINA

Position applying for: _____ Date of Application: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Social Security Number: _____

Email Address: _____

Best time to contact you by phone is: Mornings Afternoons

If necessary, may we contact you at work? Yes No

If yes, work phone number: _____ Best time to call: _____

Are you at least 18 years old? Yes No

Have you been employed by Heritage of Edina previously? Yes No

If yes, please provide dates and positions: _____

Are you legally eligible for employment in this country? Yes No

Drivers license number, if driving is an essential job function: _____

Date available for work: _____ What is your desired salary? _____

Type of employment desired, please indicate all that apply:

Full time Part time Weekends Days Evenings Nights

Will you work overtime if required? Yes No

If no, please explain: _____

FOR CERTIFIED/LICENSED APPLICANTS ONLY

Certification/License Number: _____

State licensed in: _____ Date of Expiration: _____

EMPLOYMENT HISTORY

Please provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent. Explain any gaps in employment.

Employer's name: _____ Company Address: _____

Company phone: _____ Your job title: _____

Dates of employment: _____ Starting wage: _____ Ending wage: _____

Summarize job responsibilities:

Reason for leaving: _____

Employer's name: _____ Company Address: _____

Company phone: _____ Your job title: _____

Dates of employment: _____ Starting wage: _____ Ending wage: _____

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Company phone: _____ Your job title: _____

Dates of employment: _____ Starting wage: _____ Ending wage: _____

Summarize job responsibilities:

Reason for leaving: _____

Have you ever been fired from an employer? Yes No

If yes, explain: _____

May we contact the employers listed on this application? Yes No

If no, explain: _____

Are you acquainted with or related to anyone currently employed by Heritage of Edina? Yes No

If yes, whom: _____

EDUCATION HISTORY

High School Name: _____ City/State: _____

Did you graduate? Yes No

College/Vocational School: _____ City/State: _____

Did you graduate? Yes No If currently in school, expected graduation date: _____

College/Vocational School: _____ City/State: _____

Did you graduate? Yes No If currently in school, expected graduation date: _____

PROFESSIONAL REFERENCES

First and Last Name: _____ How do you know them? _____

Phone number: _____ Email address: _____

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Phone number: _____ Email address: _____

ADDITIONAL QUALIFICATIONS AND SKILLS

Summarize any training, skills and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

APPLICANT PLEASE SIGN

I hereby authorize you to release the following information to Heritage of Edina:

Applicant name (printed): _____ Applying for: _____

Applicant Signature: _____ Date: _____

The space below is for office use only:

Employer Contacted: _____

Information given by: _____ Title: _____

1. What position did this individual hold? _____
2. Dates of Employment: From _____ To: _____
3. Is this person eligible for rehire? Yes No
4. Attendance record: _____
5. Quality of work: _____

Employer Contacted: _____

Information given by: _____ Title: _____

1. What position did this individual hold? _____
2. Dates of Employment: From _____ To: _____
3. Is this person eligible for rehire? Yes No
4. Attendance record: _____
5. Quality of work: _____

Professional Reference:

Information given by: _____ Title: _____

How do you know the applicant? _____

What are this person's best qualities? _____

How would you best describe the quality of their work? _____

How would you best describe their level of dependability? _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Heritage of Edina, Inc. is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I authorize Heritage of Edina, Inc., its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Heritage of Edina, Inc., its agents, employees and representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of Heritage of Edina, Inc. is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Heritage of Edina's CEO.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard. I also understand that I must submit to a Mantoux tuberculosis test that the company will help arrange. I understand that I will not be allowed to work unless I do both of these things.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read and fully understand and accept all terms of the foregoing application statement,

Signature of Applicant: _____ **Date:** _____

Background Check Disclosure and Authorization Form

In the interest of maintaining the safety and security of our customers, employees, and property, _____ (the "Company") will order a "consumer report" (a background report) on me in connection with your employment application, and if I am hired, or if I already work for the Company, may order additional background reports on me for employment purposes.

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, at any time throughout my employment with said Company.

I understand the background report may contain information about my employment and educational background, criminal history, credit history, workers comp claims, mode of living, character and personal reputation. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational, and driving records checks; employment history, earnings history, reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with my associates, friends, and neighbors.

I also authorize the following agencies and entities to disclose information about or concerning me, including by not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me.

I understand that releasing my date of birth is used exclusively for the purpose of obtaining certain consumer reports and not for the purpose of identifying my age for any other reasons.

Pursuant to FCRA {Section 612 [1681j]}, I understand that if adverse action is taken as a result of obtaining a consumer report, I may request a copy of the report, as well as the name, address, and telephone number of the consumer reporting agency that furnished the report. I am aware in advance that any adverse action taken will not be a result of a decision from the consumer agency.

This authorization may be photocopied or faxed and will be as valid as the original.

Last Name _____ **First Name** _____ **Middle Name** _____

Maiden/Other Names _____ **Years Used** _____

Social Security Number _____ **Driver's License Number** _____ **State** _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth _____/_____/_____ (Month/Day/Year)

Current Address _____
Street Address

_____ City State Zip Move In Date

Previous Addresses for past 15 years or back to age 18 (whichever is fewer years). Please list city and state only, as well as dates resided at each address (use back of form if necessary):

_____/_____/_____ /_____/_____
City State Move In Date Move Out Date

_____/_____/_____ /_____/_____
City State Move In Date Move Out Date

I understand that any false, omitted or misleading information presented by me on this consent form or application may result in the rejection or termination of employment.

Signature Date (Month/Day/Year)

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report

BACKGROUND STUDY FORM - MINNESOTA DEPARTMENT OF HEALTH

(Please type or print)

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: _____
MM/DD/YYYY

Place of Birth (include city and country): _____

Gender: _____ Height: _____ Weight: _____
Male/Female

Hair Color: _____ Eye Color: _____

Phone Number: _____ Social Security Number: _____

Race: Asian
Pacific Islander
Black or African American
Native American or Alaska Native
Caucasian
Other please specify: _____

Driver's License/State Issued ID Number: _____

Issued by the State of _____

IF THIS FORM IS NOT FILLED OUT IN FULL WE CANNOT ACCEPT YOUR APPLICATION

**MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES
SUPPLEMENTAL NURSING SERVICES AGENCIES, EDUCATIONAL PROGRAMS, TEMPORARY
EMPLOYMENT AGENCIES, PROFESSIONAL SERVICES AGENCIES**

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.

4. Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.

5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

6. Disqualification: The background study subject shall be informed that any previous background studies that received a set-aside will be reviewed, and without further contact with the background study subject, the commissioner may notify the agency that initiated the subsequent background study: (a) that the individual has a disqualification that has been set aside for the program or agency that initiated the study; (b) the reason for the disqualification; and (c) information about the decision to set aside the disqualification will be available to the license holder upon request without the consent of the background study subject.