

EMPLOYMENT APPLICATION

Please print and complete all requested information. Applicants may be asked to provide additional information on separate forms. This application will be kept on an active status for a period of 60 days. It is the applicants' responsibility to periodically check and update their application. All applicants will be required to complete this employment application to be considered for an open position with Life Fountain Home Health Care, Inc. A resume will not substitute for a completed employment application.

LIFE FOUNTAIN HOME HEALTH CARE, INC IS AN EQUAL OPPORTUNITY EMPLOYER. WE ENCOURAGE ALL QUALIFIED INDIVIDUALS TO APPLY FOR EMPLOYMENT.

APPLICANT INFORMATION

FULL NAME: _____ DATE: _____
LAST FIRST MI

ADDRESS: _____
STREET ADDRESS APARTMENT/ UNIT #

_____ CITY STATE ZIP CODE

PHONE : () _____ E-MAIL: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES? YES NO

HAVE YOU BEEN CHARGED OR CONVICTED OF A FELONY/ MISDEMEANOR OR KNOW OF ANY OTHER REASON YOU MIGHT NOT PASS THE MANDATORY CRIMINAL BACKGROUND CHECK? (According to the MN Department of Human Services all potential candidates must pass a criminal background check before employment may be offered)

YES NO

IF YES, EXPLAIN _____

EMPLOYMENT DESIRED

POSITION DESIRED: _____ DESIRED HOURS PER WEEK: _____

DATE AVAILABLE TO BEGIN WORK: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

HAVE YOU EVER WORKED WITH LIFE FOUNTAIN HOME HEALTH CARE, INC? YES NO

IF YES, FOR WHAT CLIENT? _____ WHEN? _____

WERE YOU REFERRED BY A PCA OR A CLIENT? YES NO

IF YES, NAME OF REFERRAL _____

ARE YOU PRESENTLY WORKING WITH ANOTHER HOME HEALTH CARE COMPANY? YES NO

IF YES, COMPANY NAME _____ POSITION _____

ARE YOU APPLYING TO WORK WITH A SPECIFIC CLIENT? _____

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES MAY WE CONTACT YOUR EMPLOYER? YES NO

EMPLOYMENT HISTORY (PLEASE START WITH YOUR RECENT EMPLOYER)

COMPANY NAME: _____

ADDRESS: _____
STREET ADDRESS

_____ CITY STATE ZIP CODE

SUPERVISOR'S NAME: _____ TELEPHONE: _____

POSITION AND DUTIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

STARTING PAY: _____ ENDING PAY: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____
STREET ADDRESS

_____ CITY STATE ZIP CODE

SUPERVISOR'S NAME: _____ TELEPHONE: _____

POSITION AND DUTIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

STARTING PAY: _____ ENDING PAY: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____
STREET ADDRESS

_____ CITY STATE ZIP CODE

SUPERVISOR'S NAME: _____ TELEPHONE: _____

POSITION AND DUTIES: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____

STARTING PAY: _____ ENDING PAY: _____

REASON FOR LEAVING: _____

EDUCATION HISTORY

SCHOOL	NAME AND ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
JUNIOR HIGH				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
VOCATIONAL/BUSINESS				
OTHER				

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED TO WORK FOR LIFE FOUNTAIN HOME HEALTH CARE, INC?

IF SO, PLEASE EXPLAIN _____

PROFESSIONAL REFERENCES

PLEASE LIST BELOW THREE PROFESSIONAL REFERENCES. PROFESSIONAL REFERENCES ARE INDIVIDUALS WHO CAN ATTEST TO YOUR WORK PERFORMANCE IN A PROFESSIONAL OR ACADEMIC SETTING SUCH AS A DIRECT SUPERVISOR, COLLEAGUE, ACADEMIC ADVISOR OR A PROFESSOR.

NAME: _____ OCCUPATION: _____

ADDRESS: _____

TELEPHONE: () _____ NUMBER OF YEARS ACQUAINTED: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____

TELEPHONE: () _____ NUMBER OF YEARS ACQUAINTED: _____

NAME: _____ OCCUPATION: _____

ADDRESS: _____

TELEPHONE: () _____ NUMBER OF YEARS ACQUAINTED: _____

ACKNOWLEDGMENT

Conditions of Employment

The above information is true and correct. I understand that, in the event of my employment, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herine requested, regardless of the time elapsed after discovery. I authorize Life Fountain Home Health Care, Inc. to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Life Fountain Home Health Care, Inc. I will hold Life Fountain Home Health Care, Inc., and my former employer, harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Life Fountain Home Health Care, Inc. to obtain any credit and consumer check. I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Life Fountain Home Health Care, Inc. is intended to create an employment contract between myself: and Life Fountain Home Health Care, Inc, and that my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will, and may be terminated by me (with the reasonable 2 week notice) or Life Fountain Home Health Care, Inc. at any time, and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

Print Name **Signature** **Date**

Criminal Background Verification

Due to the nature of our business it is required that each person pass a criminal background check before he/she is offered a position with Life Fountain Home Health Care, Inc. The background check may take 5-7 business days or in some cases several weeks. If during the course of your employment we receive a letter from the MN Department of Human Services stating that you are no longer eligible to work in the field of Human Services or that if you remain employed you must remain supervised at all times we will terminate employment immediately. Due to the nature of our business and in order to best meet the needs of our clients, Life Fountain Home Health Care, Inc and the MN Department of Human Services require staff members to have and maintain cleared background checks in order to be eligible for continued employment.

Print Name **Signature** **Date**

OFFICE USE ONLY

DATE SUBMITTED: _____ RECEIVED BY: _____

INTERVIEW SCHEDULED: _____ HIRE DATE: _____

PERSONAL CARE ASSISTANT QUESTIONNAIRE

Using complete sentences please answer the following questions about the paragraph.

Michael is a 20 year old man who is non-verbal, autistic and lives with his parents. He is unable to complete activities of daily living such as eating and grooming without significant help from a Personal Care Attendant. Today is your first day on the job as his PCA. You will be working from 8am-4pm Monday-Friday. When you arrive promptly at 8am Michael's parents outline some of their expectations of you as an employee. They also request that Michael not just sit on the couch staring at the TV like he has done in the past with his other PCA's. As they head out the door to work they tell you he seems to enjoy cars, music and coloring.

1. What activities/ games could you engage Michael in while staying within his home?
2. During your 8 hour shift as a PCA name three tasks you must complete by 4pm.
3. The above paragraph states that your shift begins promptly at 8am but you get a flat tire on your way to work and know you will be late-, who is the first person or people you should call?

CUESTIONARIO DE ASISTENTE DE CUIDADO PERSONAL

Usando oraciones completas por favor conteste las siguientes preguntas acerca del párrafo.

Miguel es un adulto el cual no habla, tiene autismo y vive con sus papás. Él no puede hacer actividades del diario vivir como comer y asearse sin ayuda de un Asistente de Cuidado Personal. Hoy es el primer día de trabajo de usted, como su PCA. Usted va a trabajar de Lunes-Viernes de 8am-4pm. Cuando usted llega a las 8am, inmediatamente los papás de Miguel le dan la lista de algunas de sus expectativas de usted como empleado. Ellos también le piden que no solo siente a Miguel en el sillón a ver TV como él lo ha hecho en el pasado con otras PCAs. Cuando van saliendo a su trabajo ellos le dicen que parece que él disfruta de los carros, la música y colorear.

1. Que actividades puede usted hacer con Miguel durante su turno de trabajo?
2. Durante sus 8 horas como PCA mencione tres tareas que debe completar antes de las 4pm.
3. El párrafo de arriba especifica que usted empieza justo a las 8am pero a usted se le poncho una llanta en el camino a su trabajo y usted sabe que va a llegar tarde. Quien es la primera persona que usted debe llamar?