

River Valley Home Care, Inc.

916 Eighth Street
Farmington, MN 55024
651-460-4201

APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veteran's employment. We are an equal opportunity employer.

PERSONAL INFORMATION

Date // //

Name _____ Social Security _____ - _____ - _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Phone # _____ Referred by: _____

IN CASE OF EMERGENCY, NOTIFY: _____
Name Address Phone

US MILITARY OR NAVAL SERVICE _____ RANK _____ Present membership in Natl.Guard or Reserves Yes _____ No _____

Have you ever been convicted of a crime other than minor traffic violations? _____ Yes _____ No

If yes, complete disclosure of criminal conviction information form.

EMPLOYMENT DESIRED

POSITION RN _____ LPN/LVN _____ HOME MAKER _____ STAFFING _____ CLERICAL _____

PERSONAL CARE ATTENDANT _____ OTHER _____

Do you have current license for this position? Yes _____ No _____ Current Certification Yes _____ No _____

Have you passed competency testing? Yes _____ No _____ Do you have a certificate? Yes _____ No _____

Do you have a current driver's license? _____ Car? _____

Are you employed? _____ If so, may we inquire of your present employer? Yes _____ No _____

Have you ever applied to this company before? Where? _____ When? _____

| Education | Name & location | Years Attended | Date Graduated | Degree/ Certification |
|---------------------|-----------------|----------------|----------------|-----------------------|
| High School | | | | |
| College | | | | |
| Additional Training | | | | |

Former Employers:

(List below last four employers, starting with last one first)

| Date Month and Year | Name and Address of Employer Supervisors Name | Salary | Position | Reason for leaving |
|------------------------|--|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

References:

Give below the names of three work related references.

| NAME | ADDRESS | COMPANY/POSITION | PHONE |
|------|---------|------------------|-------|
| | | | |
| | | | |
| | | | |

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I hereby agree that, as a condition of employment by the agency, I will promptly inform the agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses of which I am convicted after today.

Date _____

Signature _____

Do Not Write below this line.

Interview Assessment Summary

Professional Appearance _____

Strengths: _____

Weaknesses: _____

General Comments: _____

Recommended Action: _____