



**M.I.L.S.**  
Home Health Care Agency

Minnesota Independent Living Services dba  
M.I.L.S.  
2520 Broadway Street NE  
Suite 205  
Minneapolis, MN 55413  
P: 612.379.4027 F: 612.379.3489

## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Date Available: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Are you related to anyone in the company? YES  NO

If yes, who and their relationship to you: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

PLEASE LIST TWO PROFESSIONAL REFERENCES

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*EMPLOYER USE ONLY\*\*\***

Reference 1

Contacted: **Name:** \_\_\_\_\_ **Caller/Date:** \_\_\_\_\_

Reference 1

Contacted: **Name:** \_\_\_\_\_ **Caller/Date:** \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Availability**

Employment desired: FULL TIME ONLY / PART TIME ONLY / FULL OR PART TIME

PLEASE LIST ALL HOURS YOU ARE AVAILABLE TO WORK

	SUN	MON	TUES	WED	THU	FRI	SAT
FROM							
TO							

**Emergency Contact**

Emergency Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 \_\_\_\_\_

**License / Identification**

Do you have a driver's license?     YES         NO  
 Do you have a state ID?         YES         NO  
 Driver's License or State Id Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 What is your means of transportation to work? \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Form Waiver**

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Minnesota Independent Living Services dba M.I.L.S. (hereinafter "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other of the Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by one of the Companies' representatives. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examination(s).

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

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Signature of applicant

Date

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Printed name of applicant

This Company is an equal employment opportunity employer. We adhere to the policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



## Background Study Information Form

<i>First name</i>	
<i>Middle name</i>	
<i>Last name</i>	
<i>Suffix (example: Jr/Sr)</i>	
<i>Address Listed on Identification Line 1</i>	
<i>Address Listed on Identification Line 2</i>	
<i>Apartment Number, if applicable</i>	
<i>City</i>	
<i>State</i>	
<i>Zip code</i>	
<i>County</i>	
<i>Mailing Address Line 1 (if different from address listed on identification)</i>	
<i>Mailing Address Line 2 (if different from address listed on identification)</i>	
<i>Apartment Number (if different from address listed on identification)</i>	
<i>Social Security Number</i>	
<i>Date of birth</i>	
<i>Race</i>	
<i>Sex</i>	
<i>Eye color</i>	
<i>Hair color</i>	
<i>Height</i>	
<i>Weight</i>	
<i>US Citizen (Yes/No)</i>	
<i>Place of birth (country/state)</i>	
<i>Phone number</i>	
<i>Alternate phone number</i>	
<i>Email</i>	
<i>Prior names and aliases, including maiden names, name changes, and any name used or been known by. These are required for the background study to be valid and are required by law</i>	
<i>Prior states within the U.S. other than Minnesota within the past 5 years. Include the years lived there</i>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BACKGROUND STUDY PRIVACY NOTICE

1. 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 notes, cannot be shared without your consent.