



# Minnesota Professional Nursing Services (Home Care Division) Application for Employment

For security purposes, complete online, print and mail to address listed below.

**PLEASE PRINT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Referred by \_\_\_\_\_

Date Available \_\_\_\_\_

Position Desired: \_\_\_\_\_

Shift Desired AM Shift  PM Shift  Night Shift  Total Hours Available Per Week \_\_\_\_\_

Have you ever worked for MINNPRO before? Yes  No

When? \_\_\_\_\_ Which location? \_\_\_\_\_

Have you ever applied for employment for MINNPRO before? Yes  No

When? \_\_\_\_\_ Which location? \_\_\_\_\_

Are you legally able to accept employment in the United States of America? Yes  No

Have you ever been convicted of any crime other than a minor traffic violation? (Answering "yes" will not automatically disqualify you for employment.)

If yes, please explain \_\_\_\_\_

**EDUCATION**

Number of Years Completed: (Please Circle One)		6 7 8 9 10 11 12 13 14 15 16 16+											
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL												
High School	Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>												
	GED Yes <input type="checkbox"/> No <input type="checkbox"/>												
Vocational Training	Field of Study _____												
	Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>												
College or University	Major _____												
	Degree Yes <input type="checkbox"/> No <input type="checkbox"/>												

**NURSING APPLICANTS**

RN/LPN Current MN License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

TMA Date of Certification \_\_\_\_\_ Verified Date \_\_\_\_\_

NAR Date of Certification \_\_\_\_\_ Registered with State Yes  No

Does your License\Certificate: Have any current restrictions? Ever been investigated or incumbered? If yes, please explain.

**STATEMENT OF NON-DISCRIMINATION**

Minnesota Professional Nursing Services is an Equal Opportunity employer. It does not discriminate in employment on the basis of race, color, creed, religion, national origin, sex, disability, marital status, sexual orientation, or status with regard to public assistance.

(OVER)

**2021 East Hennepin Avenue, Suite 200-8 • Minneapolis, Minnesota 55413  
Office (612) 627-9524 • Fax: (612) 379-2358**

**Employment History: List all previous employment.** (Start with most recent/present first.)

Employer	Dates Employed:		Work Performed	
Address	From	To		
Telephone Number				
Job Title	Supervisor	Hourly Rate / Salary		
Reason For Leaving		Starting		Final
Employer	Dates Employed:		Work Performed	
Address	From	To		
Telephone Number				
Job Title	Supervisor	Hourly Rate / Salary		
Reason For Leaving		Starting		Final
Employer	Dates Employed:		Work Performed	
Address	From	To		
Telephone Number				
Job Title	Supervisor	Hourly Rate / Salary		
Reason For Leaving		Starting		Final

Have you ever been employed under a different name? \_\_\_\_\_

If presently employed, may we contact your **present employer**? Yes  No

Have you ever been discharged or asked to resign from a position? Yes  No

If yes, please explain. \_\_\_\_\_

PLEASE LIST PERSONAL REFERENCES (DO NOT LIST RELATIVES OR FORMER EMPLOYERS)		
NAME	PHONE	TIME KNOWN

**APPLICANT AGREEMENT:**

I understand that this employment application and any other documents presented to me in the course of applying for a position with MINNPRO are not contracts of employment. I also understand that if I am hired, I will be an at-will employee, which means I may voluntarily leave employment upon proper notice and may be terminated by MINNPRO at any time for any reason. I understand that any oral or written statements to the contrary are expressly disavowed and should be relied upon. I understand that any offer of employment by MINNPRO is contingent upon (1) providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any preemployment physical examination and/or drug screening test that may be required by MINNPRO, (3) successful completion of a Mantoux test or chest x-ray (if previous Mantoux test has been positive) in compliance with the Minnesota Department of Health's regulations, and (4) successful completion of any background checks which are performed by MINNPRO. I authorize MINNPRO to investigate all statements on this application, including work and education references. I authorize my previous employer, work and/or education related references, and educational institutions I have attended to provide MINNPRO with all documents and information which it requests in conjunction with my application for employment. I specifically release and waive any and all claims, including, but not necessarily limited to, claims for defamation, libel, and slander, that I may have against any such individual or institution as a result of their compliance with MINNPRO's request for information. I understand that any false statements or omissions in this application form made in the course of applying for employment a MINNPRO may disqualify me for employment or lead to my subsequent dismissal from employment. My signature reflects that I have read, understood, and agreed to these conditions without reservation.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





# Minnesota Professional Nursing Services Application Response Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Location: \_\_\_\_\_

The following to be completed by MINNPRO staff.

**Interviewer Complete:**

Not Interviewed:	Interviewed:
<p>1. _____ No Job Opening</p> <p>2. _____ No Show</p> <p>3. _____ Needed More Hours</p> <p>4. _____ Shift Desired Not Available</p> <p>5. _____ Not Qualified</p> <p>6. _____ Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Date of Interview: _____</p> <p>Time: _____</p> <p>Not Hired <input type="checkbox"/> Reason: _____</p> <p>_____</p> <p>_____</p> <p>Hired <input type="checkbox"/> Projected Starting Date: _____</p>

SIGNATURE OF INTERVIEWER
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DEPARTMENT NAME
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