

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

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

Name	Date	
Address		
Social Security No	Referred by	
Position Dosirod:		Date Available
Position Desired:	PM Shift Night Shift	Tatal Harma Arra Halda Ban Marak
Have you ever worked for MINN	<u> </u>	Total HoursAvailable Per Week No
When?		Which location?
Have you ever applied for emplo		
When?		
	mployment in the United States	
	of any crime other than a minor	traffic violation? (Answering "yes" will not automatically
•		disquality you for employment.)
DUCATION		0 40 44 40 40 44 45 40 40.
Number of Years Completed: (TYPE OF SCHOOL	(Please Circle One) 6 7 8 NAME & LOCATION OF SC	9 10 11 12 13 14 15 16 16+
High School	IVAIVIE & ECOATION OF GC	
riigir School		
		GED Yes ∐ No □
Vacational Training		Field of Study
Vocational Training		
vocalional training		Certificate Yes □ No □
College or University		Certificate Yes □ No □ Major
		Major
College or University IURSING APPLICANTS RN\LPN Current MN Lice		Major Degree Yes \(\square \) No \(\square \)
College or University NURSING APPLICANTS RN\LPN Current MN Licer MA Date of Certificat	ion	Major No □ Expiration Date Verified Date
College or University IURSING APPLICANTS RN\LPN Current MN Lice	ion	Major No □ Expiration Date
College or University IURSING APPLICANTS RN\LPN Current MN Licer MA Date of Certificat JAR Date of Certificat	ionion	Major Degree Yes No Expiration Date Verified Date
College or University IURSING APPLICANTS RN\LPN Current MN Licer MA Date of Certificat JAR Date of Certificat	ionion	Major Degree Yes No Expiration Date Verified Date Registered with State Yes No
College or University IURSING APPLICANTS RN\LPN Current MN Licer MA Date of Certificat JAR Date of Certificat	ionion	Major

Employer Dates Employed: Work Performed Address То From Telephone Number Job Title Hourly Rate / Salary Supervisor Starting Final Reason For Leaving **Employer** Dates Employed: Work Performed Address From То Telephone Number Job Title Supervisor Hourly Rate / Salary Starting Final Reason For Leaving **Employer** Dates Employed: Work Performed Address From To Telephone Number Supervisor Hourly Rate / Salary Job Title Final Starting Reason For Leaving Have you ever been employed under a different name? Yes ☐ No ☐ If presently employed, may we contact your present employer? 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) TIME KNOWN PHONE 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

(Start with most recent/present first.)

Employment History: List all previous employment.



Minnesota Professional Nursing Services Authorization to Release Information

Il understand that as part of the application process for employment with MINNPRO, if I am offered employment, a background investigation of my criminal history will be conducted. Additionally, records of substantiated maltreatment of vulnerable adults and children may also be reviewed. I authorize any of the below lasted agencies to release information, and I release them from any liability as a result of such inquires or disclosures. I understand that any offer of employment is conditional upon the results of the investigative report, and that failure to provide information necessary to ensure an accurate and complete background study will result in my disqualification from employment with MINNPRO. I agree that if any misrepresentation has been made by me herein, or the results of such investigation are not satisfactory, any offer of employment made may be with drawn, or my employment may be terminated immediately. I consent to allow any of the below listed investigative agencies to perform background investigations of my history and to provide MINNPRO with the results.

Possible agencies performing check: Verified Credentials, Minnesota Bureau of Criminal Apprehension, Minnesota Department of Human Services, Federal Bureau of Investigation.

Name:				
First	Middle	Last		Maiden
Other names used/known by:				
Social Security number:				
Oriver's license number:				
Current street address/city/sta	nte/zip code:			
		to: (
Prior street address/city/state/	zip code:			
Resided there from: _		to: ((month and year)	
Prior counties and states you I	nave lived in if the two a	above do not include the l	last 10 years.	
would like a free copy of my i	report sent to me at my	current address:	yes	□ no
Signature:		Da	ate:	
This authorization expires one	year from the date of the	ne signature.		



Minnesota Professional Nursing Services Application Response Form

Name:	Date:		
Position applied for:	Location:		
The following to be con	npleted by MINNPRO staff.		
Not Interviewed:	Interviewed:		
1 No Job Opening 2 No Show 3 Needed More Hours 4 Shift Desired Not Available 5 Not Qualified 6	Date of Interview: Time: Not Hired Reason: Hired Projected Starting Date:		
SIGNATURE OF INTERVIEWER	DEPARTMENT NAME		