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# Trust Home Care LLC

100 S 5<sup>th</sup> Street Ave  
#1900  
MPLS, MN 55402  
(P) 763-501-0792 || (F) 612 465 2172

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## Instructions:

**Step 1:** Save this application and the Confidential Affirmative Action Form to your computer.

**Step 2:** Complete this Application for Employment and the Confidential Affirmative Action Form and save.

**Step 3:** Email both forms and your resume (if applicable) as attachments using the Position Title as the subject line to: [trustrhomecarellc@gmail.com](mailto:trustrhomecarellc@gmail.com).

**Position Title: Personal Care Attendant**

**Today's Date:**

**First Name:**

**MI:**

**Last Name:**

**Address:**

**City:**

**ST:**

**Zip:**

**Primary Phone** with Area Code:

**Other Phone** with Area Code:

**Email Address:**

**Other Contact Info:**

**A.** How did you learn about this employment opportunity? (Check any that apply)

Newspaper:  Job website:  LSS website:  If Employee Referral, provide employee name:

Other (please specify):

**B.** Are you able to provide proof that you are at least 18 years of age? Yes  No

**C.** Are you legally authorized to work in the United States? Yes  No

**D.** Do you have a valid driver's license? (May be required for some positions) Yes  No

Driver License# \_\_\_\_\_

D.O. B \_/ \_/ \_ \_ \_ \_

Or State ID# \_\_\_\_\_

**E.** Do you have a current Certified Nursing Assistant (CNA) certification? (***Not required*** for position at Trust Home Care LLC) Yes  No

**F. EMPLOYMENT HISTORY**

Please begin with your current or most recent employment, or volunteer activity.

**Name of employer:**

Employer address:

Dates of your employment: From                      To

Your position title:

Briefly describe your responsibilities in this position:

Name/Title of supervisor:

May we contact this person for a reference? Yes  No  Phone with Area Code: (        )                      (Ext        )

Why did you leave this position?

Salary:

**Name of employer:**

Employer address:

Dates of your employment: From                      To

Your position title:

Briefly describe your responsibilities in this position:

Name/Title of supervisor:

May we contact this person for a reference? Yes  No  Phone with Area Code: (        )                      (Ext        )

Why did you leave this position?

**Name of employer:**

Employer address:

Dates of your employment: From                      To

Your position title:

Briefly describe your responsibilities in this position:

Name/Title of supervisor:

May we contact this person for a reference? Yes  No  Phone with Area Code: (        )                      (Ext        )

Why did you leave this position?

**G. EDUCATION**

<b>High School Name:</b>		<b>City:</b>	<b>State:</b>
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Certification:	
<b>College Name:</b>		<b>City:</b>	<b>State:</b>
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Certification:	
<b>Other Name:</b>		<b>City:</b>	<b>State:</b>
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Certification:	
<b>Other Name:</b>		<b>City:</b>	<b>State:</b>
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Certification:	

**H. OTHER QUALIFICATIONS:** Include relevant details, such as type, expiration date, etc.

<b>Certification/Licensure</b>	
<b>Bi-Lingual Skills</b> (List Languages)	
<b>Special skills/other qualifications</b>	

## I. AVAILABILITY

Please check the times you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the specific positions for which you wish to be considered:  
Hiring Rate \$12.00/hr unless otherwise noted.

### Special Accommodations:

An individual with a disability or medical condition may request a reasonable accommodation at any time during the application process or during the period of employment. To request an accommodation to support your participation in the interview process, please provide the following information.

My specific functional limitation:

The accommodation I am requesting:

### To complete this application, read, sign, and date the Agreement below

I have certified that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated. I authorize investigation of all statements contained in this application.

I understand that any offer of employment by this organization is contingent upon (1) my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any pre-employment background investigations that may be required by this employer, (3) proof of a valid driver's license and a satisfactory driving record for those positions involving driving a motor vehicle, and (4) Meeting the physical requirements of the position, with or without accommodation.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. I understand that the organization has the right to terminate my employment at any time and for any reason. I understand that if or when my employment is terminated, by the organization or by me, that the organization may respond fully to reference inquiries from prospective employers. I understand that no one employed by the organization has the authority to modify these conditions, except in a written document signed by the President of the organization.

By checking this box, I hereby acknowledge that I have read and understand the foregoing.

**Please email application to [trusthomcarellc@gmail.com](mailto:trusthomcarellc@gmail.com)**

Email should include **Position Title** on the **Subject Line**

Employee Signature:

*(Actual signature may be requested at later date)*

Date: