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| C:\Users\Adekunle Olukoga\AppData\Local\Microsoft\Windows\INetCacheContent.Word\Healing_Torchlogo-new.jpg | Healingtorch Home Healthcare Services Phone: (651)2390617  6805 Cattail Ct S (651)2350692 Employment Application  Cottage Grove MN 55016 Fax: (651)3405324  Web: www.healingtorch.com |

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Healingtorch Home Healthcare Services is an equal Opportunity Employer, and does not discriminate based on race, religion, color, sex, age, national origin, disability or on any basis prohibited by local, state or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should contact the office. Contact us if you need help completing this application.

Please Print and fill out all sections

APPLICANT INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Middle Name | | | | Last Name | | |
| Address | City: | | | State: | | | Zip Code |
| Phone: House:  Cell: | Emergency Contact Phone: | | Email: | | | | Position Desired  PCA RN/QP |
| How did you hear about this Position? | If hired, are you able to provide of legal right to work in USA Yes No | | | | If hired, are you willing to submit to background check (Required by law) Yes No | | |
| If hired, are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Yes No  PCA function link: [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\_147676#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_147676)  RN/QP function link: [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\_160113#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_160113) | | | | | | | |
| PCA Only: Have you passed competency testing? Yes No | Do you have valid driving license  Yes No | | | | What mode of transport will you use to perform your job? Own vehicle Public transport | | |
| PCA Experience (check all that apply); Healingtorch trains all staff.  Activities of daily living, including dressing, grooming, bathing, eating, transfer, mobility and toileting.  Instrumental activities of daily living  Observation and redirection of behaviors  Health-related procedures and tasks | | Are you employed now as PCA with another agency? Yes No  If Yes,  Hours worked per week: Your Provider Number:  Name of the agency: | | | | | |
| Highest education completed (check box) High school/GED College RN | | | | | | | |
| Personal Reference: Please provide 2-3 references below. | | | | | | | |
| Name Contact Phone Relationship | | | | | | | |
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Applicant Authorization

Please Read Carefully

I permit Healingtorch Home Healthcare Servives LLC to examine my refrences, record of employment, education record, and any other information that I have provided. I authorize the references I have provided to disclose any information related to my workexperience known to them, without giving me prior notice of such disclosure. I also release Healingtorch home healthcare services, my former employers, and all other persons, corporations or other organizations from any and all claims, demands or liabilities that may arise out of, or in any way related to the information provided. I certify that I have not knowingly or otherwise withheld information that may negatively impact my hiring opportunity, and that any such omission, if known later, is a ground for my immediate expulsion from Healingtorch Home Healthcare Services.

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| Print Full Name below SSN (req’d for background check) Signature Date |