EMPLOYMENT APPLICATION

Please print and complete all requested information. Applicants may be asked to provide additional information on separate forms. This application will be kept on an active status for a period of 60 days. It is the applicants' responsibility to periodically check and update their application. All applicants will be required to complete this employment application to be considered for an open position with V-Care Home Health, Inc. A resume will not substitute for a completed employment application.

V-CARE HOME HEALTH , INC IS AN EQUAL OPPORTUNITY EMPLOYER. WE ENCOURAGE ALL QUALIFIED INDIVIDUALS TO APPLY FOR EMPLOYMENT.

APPLICANT INFORMATION

FULL NAME: _____ _____ _____ DATE: _____
LAST FIRST MI

ADDRESS: _____
STREET ADDRESS APARTMENT/ UNIT #

_____ _____ _____
CITY STATE ZIP CODE

PHONE : (___) _____ E-MAIL: _____

ARE YOU 18 YEARS OF AGE OR OLDER? ☐YES ☐NO

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES? ☐YES ☐NO

HAVE YOU BEEN CHARGED OR CONVICTED OF A FELONY/ MISDEMEANOR OR KNOW OF ANY OTHER REASON YOU MIGHT NOT PASS THE MANDATORY CRIMINAL BACKGROUND CHECK? (According to the MN Department of Human Services all potential candidates must pass a criminal background check before employment may be offered)

☐YES ☐NO

IF YES, EXPLAIN _____

EMPLOYMENT DESIRED

POSITION DESIRED: _____ DESIRED HOURS PER WEEK: _____

DATE AVAILABLE TO BEGIN WORK: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

HAVE YOU EVER WORKED WITH V-CARE HOME HEALTH, INC? ☐YES ☐NO

IF YES, FOR WHAT CLIENT? _____ WHEN? _____

WERE YOU REFERRED BY A PCA OR A CLIENT? ☐YES ☐NO

IF YES, NAME OF REFERRAL _____

ARE YOU PRESENTLY WORKING WITH ANOTHER HOME HEALTH CARE COMPANY? ☐YES ☐NO

IF YES, COMPANY NAME _____ POSITION _____

ARE YOU APPLYING TO WORK WITH A SPECIFIC CLIENT? _____

ARE YOU CURRENTLY EMPLOYED? ☐YES ☐NO

IF YES MAY WE CONTACT YOUR EMPLOYER? ☐YES ☐NO

V-CARE™
HOME HEALTH, INC.

EMPLOYMENT HISTORY (PLEASE START WITH YOUR RECENT EMPLOYER)

COMPANY NAME: ______________________________

ADDRESS: ______________________________
STREET ADDRESS

____
CITY STATE ZIP CODE

SUPERVISOR'S NAME: ______________ TELEPHONE: ______________

POSITION AND DUTIES: ______________________________

DATES OF EMPLOYMENT: FROM: ______________ TO: ______________

STARTING PAY: ______________ ENDING PAY: ______________

REASON FOR LEAVING: ______________________________

COMPANY NAME: ______________________________

ADDRESS: ______________________________
STREET ADDRESS

____
CITY STATE ZIP CODE

SUPERVISOR'S NAME: ______________ TELEPHONE: ______________

POSITION AND DUTIES: ______________________________

DATES OF EMPLOYMENT: FROM: ______________ TO: ______________

STARTING PAY: ______________ ENDING PAY: ______________

REASON FOR LEAVING: ______________________________

COMPANY NAME: ______________________________

ADDRESS: ______________________________
STREET ADDRESS

____
CITY STATE ZIP CODE

SUPERVISOR'S NAME: ______________ TELEPHONE: ______________

POSITION AND DUTIES: ______________________________

DATES OF EMPLOYMENT: FROM: ______________ TO: ______________

STARTING PAY: ______________ ENDING PAY: ______________

REASON FOR LEAVING: ______________________________

V-CARE™ HOME HEALTH, INC.

EDUCATION HISTORY

School	Name and address	No. of years completed	Did you graduate?	Degree or diploma
Junior high				
High school				
College/University				
Vocational/Business				
other				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited to work for V-care home health, Inc?

If so, please explain _____

PROFESSIONAL REFERENCES

Please list below three professional references. Professional references are individuals who can attest to your work performance in a professional or academic setting such as a direct supervisor, colleague, academic advisor or a professor.

Name:_____ Occupation: _____

Address:_____

Telephone: (____)_____Number of years acquainted: _____

Name:_____ Occupation: _____

Address:_____

Telephone: (____)_____Number of years acquainted: _____

Name:_____ Occupation: _____

Address:_____

Telephone: (____)_____Number of years acquainted: _____

V-CARE™
HOME HEALTH, INC.

ACKNOWLEDGMENT

Conditions of Employment

The above information is true and correct. I understand that, in the event of my employment, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herine requested, regardless of the time elapsed after discovery. I authorize V-Care Home Health, Inc. to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to V-Care Home Health, Inc. I will hold V-Care Home Health, Inc., and my former employer, harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize V-Care Home Health, Inc. to obtain any credit and consumer check.
I understand that nothing in this employment application, the granting of an interview or my subsequent employment with V-Care Home Health, Inc. is intended to create an employment contract between myself: and V-Care Home Health, Inc, and that my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will, and may be terminated by me (with the reasonable 2 week notice) or V-Care Home Health, Inc. at any time, and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

Print Name	Signature	Date

Criminal Background Verification

Due to the nature of our business it is required that each person pass a criminal background check before he/she is offered a position with V-Care Home Health, Inc. The background check may take 5-7 business days or in some cases several weeks. If during the course of your employment we receive a letter from the MN Department of Human Services stating that you are no longer eligible to work in the field of Human Services or that if you remain employed you must remain supervised at all times we will terminate employment immediately. Due to the nature of our business and in order to best meet the needs of our clients, V-Care Home Health, Inc and the MN Department of Human Services require staff members to have and maintain cleared background checks in order to be eligible for continued employment.

Print Name	Signature	Date

OFFICE USE ONLY

DATE SUBMITTED:_____ RECEIVED BY:_____

INTERVIEW SCHEDULED: _____ DATE: _____

Personal Care Assistant Questionnaire

Using complete sentences please answer the following questions about the paragraph.

Michael is a 20 year old man who is non-verbal, autistic and lives with his parents. He is unable to complete activities of daily living such as eating and grooming without significant help from a Personal Care Attendant. Today is your first day on the job as his PCA. You will be working from 8am-4pm Monday-Friday. When you arrive promptly at 8am Michael's parents outline some of their expectations of you as an employee. They also request that Michael not just sit on the couch staring at the TV like he has done in the past with his other PCA's. As they head out the door to work they tell you he seems to enjoy cars, music and coloring.

1. What activities/ games could you engage Michael in while staying within his home?

_____

_____

_____

_____

2. During your 8 hour shift as a PCA name three tasks you must complete by 4pm.

_____

_____

_____

_____

3. The above paragraph states that your shift begins promptly at 8am but you get a flat tire on your way to work and know you will be late-, who is the first person or people you should call?

_____

_____

_____

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