



Home Health Care and Adult Day Center



Application for Employment

An Equal Opportunity Employer

312 N Tower Rd
PO Box 415
Fergus Falls, MN 56537
(218) 739-5856

Date: _____ Name: _____
Last First Entire Middle Name Phone Number

Present Address: _____
Street City State Zip Code

Position applying for/City: _____ Date available to start employment: _____

Do you desire Full Time? Part Time? Have you worked here before? Yes: No:

Hours/Days you are available: _____

Are you authorized to work in the U.S.? Yes No (proof of citizenship or immigration status will be required upon employment)

Work History/Background *(Begin with most recent employer)*

1. Start Date: _____ End Date: _____ Job Title: _____

Company Name: _____ Starting Wage: _____ Ending Wage: _____

Company Address: _____
Street City State Zip Code

Telephone Number: _____ Name and Title of Supervisor: _____

Describe your duties: _____

Reason for leaving: _____

If this is your present employer, may New Dimensions contact them? Yes No

2. Start Date: _____ End Date: _____ Job Title: _____

Company Name: _____ Starting Wage: _____ Ending Wage: _____

Company Address: _____
Street City State Zip Code

Telephone Number: _____ Name and Title of Supervisor: _____

Describe your duties: _____

Reason for leaving: _____

3. Start Date: _____ End Date: _____ Job Title: _____

Company Name: _____ Starting Wage: _____ Ending Wage: _____

Company Address: _____
Street City State Zip Code

Telephone Number: _____ Name and Title of Supervisor: _____

Describe your duties: _____

Reason for leaving: _____

Education Background

High School:

Name and City of School: _____ Years Attended: _____

Did you graduate? Yes: __ No: __ If no, have you passed the GED exam? Yes: __ No: __ Date: _____

Vocational or Tech. College, and/or University:

Name and City of School: _____ Years Attended: _____

Major Subject: _____ If graduated, what degree did you receive? _____

Do you have plans for further education, explain: _____

Additional Schooling: _____

Skills and Qualifications

Do you have your Certified Nursing Assistant (CNA) License? Yes: __ License #: _____ No: __

Please list any special skills and qualifications that you would like us to consider for employment:

This job will require lifting & bending, do you have any restrictions in these areas? Yes: __ No: __

If yes, describe in full: _____

Since background studies are mandatory before employment begins, have you ever been convicted of a crime? (excluding misdemeanors, summary offenses, and minor traffic violations) Yes: __ No: __

If yes, describe in full: _____

Background study information: *(Must be completed before employment can begin)*

Date of Birth: _____ Gender: M F

Aliases (example maiden name, foreign name, married name if divorced ect): _____

*Social Security #: _____ *MN Drivers License# (if have one): _____

*Race: _____ * Optional Information

I hereby authorize investigation of all statements including previous employers which are contained in this application and understand that any misrepresentation may be cause for rejection of this application or dismissal after employment. Additionally, I understand that nothing in this application form or any other New Dimensions policy/procedures/handbook shall constitute any type of employment contract. If employment occurs, I understand that New Dimensions Inc. is an "At Will" employer meaning that you have the right to terminate employment for any reason or no reason and acknowledge that New Dimensions retains the same right. If a conditional offer of employment is made, employment is contingent upon satisfactory completion of all pre-employment procedures including reference checks and background studies. Also, I have received and understand the *MN DHS Background Study Privacy Notice*.

Signature

Date