



601 Village Drive, Marshall, MN 56258
(507) 532-3834 FAX (507) 537-2488

604 Village Drive, Marshall, MN 56258
(507) 929-1234

601 Village Drive, Marshall, MN 56258
(507) 537-2412 FAX (507) 537-2430

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Date of Application: _____

Position Desired: _____ Building: Boulder Estates Boulder Creek

NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip Code

TELEPHONE: Cell: _____ Home: _____

When would you be able to start work? _____

Referral Source: (check one) Advertisement Employment Agency
 Friend/Relative Other: _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been employed by Boulder Estates and/or Stepping Stone Home Care? Yes No

If Yes, Employment Date(s): _____ Position(s): _____

Do you have any relatives that work or have worked for Boulder Estates and/or SSHHC? Yes No

If Yes, please list the name(s), position and dates of employment: _____

EDUCATIONAL BACKGROUND

	Name & Location of School	Years Completed	Did You Graduate?	Type of Diploma or Degree
High School/GED		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Vocational		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(OVER)

EMPLOYMENT HISTORY (Starting with the most recent)

Present/Last Employer: _____ Job Title: _____
 Address: _____ Dates of Employment: _____
Street City State From To
 Supervisor's Name & Title: _____ Telephone Number _____
 Duties performed at job: _____
 Reason(s) For Leaving: _____

Previous Employer: _____ Job Title: _____
 Address: _____ Dates of Employment: _____
Street City State From To
 Supervisor's Name & Title: _____ Telephone Number _____
 Duties performed at job: _____
 Reason(s) For Leaving: _____

Previous Employer: _____ Job Title: _____
 Address: _____ Dates of Employment: _____
Street City State From To
 Supervisor's Name & Title: _____ Telephone Number _____
 Duties performed at job: _____
 Reason(s) For Leaving: _____

SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

REFERENCES

Name	Relationship to Applicant	Telephone Number	Years Known
		()	
		()	
		()	

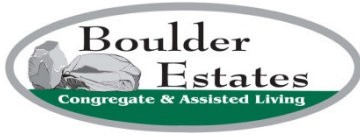
The information provided in the application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

 Signature of Applicant

 Date



ADDITIONAL INFORMATION

NAME: _____
First Middle Last

TELEPHONE: Cell: _____ Home: _____

Current License: Registered Nurse Licensed Practical Nurse

License #: _____

Current Certification: Home Health Aide Certified Nursing Assistant Patient Care Assistant

Certification #: _____

Is your CPR card current? Yes No

Date of Expiration: _____

Work Schedule Preference: Full Time Part-Time Casual

Shift Desired: Day Evening Overnight Short Shift

Check Days You Can Work: Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Holidays