

Superior Home Care

Application for Employment

Equal Opportunity Employer

Superior Home Care
10597 165th St. West
Lakeville, MN 55044

Phone: 952-898-4911
Fax: 952-898-3088
www.superiorhomecare.org
Email: info@superiorhomecare.org

PERSONAL INFORMATION

Name (Last, First, Middle):			
Street Name:	City:	State:	Zip:
Home Phone:		Cell Phone:	
Email Address:		Social Security Number	

EMPLOYMENT DESIRED

Position desired:	Date you can begin:	Hours available to work:
Salary desired:	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for or been employed by Superior Home Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Reason for leaving?		

EDUCATION

	Name & City/State	Dates Attended	Graduate? (yes or no)	Subjects Studied
High School				
College				
Trade, Business or Other				

List any license, certificates, or registrations pertinent to your application (such as current certificates in CPR):

GENERAL INFORMATION

Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, to what?

WORK EXPERIENCE - Please detail your entire work history. Begin with your current or most recent employer.

Date (Month & Year)	Name, Address & Phone of Employer	Salary	Job Title	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES - 3 people NOT RELATED to you, whom you have known at least 2 years.

Name	Address	Phone	Years Known

EMERGENCY CONTACT – person to contact in case of an emergency

Name and Relationship	Address	Phone

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is true and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Superior Home Care to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I agree to submit to criminal background investigation. If requested, I agree to be screened for illegal substances upon conditional offer of employment or random testing during my employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Superior Home Care serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than reason prohibited by law. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant Signature: _____

Date: _____