



EMPLOYMENT APPLICATION

PERSONAL INFORMATION (Please Print)					
First Name		Complete Middle Name		Cell Phone - -	
Last Name		Drivers License/MN ID		Home Phone - -	
Address 1		Address 2		Social Security Number - -	
City	State	Zip	County of Residence		Are you legally authorized to work in the U.S.? Yes No
Referred by Client? Yes No	List client(s) you will work for(if known)			Are you 16 years of age or older? Yes No	
EDUCATION					
Name of Educational Institution		Received Diploma/Degree? Yes No		List # years completed, degree / major, or any other certificate received.	
		Yes No			
		Yes No			
EMPLOYMENT HISTORY (List most recent first-use additional paper if more space is needed)					
Employer		Position/Job Title		Employer Phone - -	
Supervisor Name		Dates worked (Month/Yr to Month/Yr) / to /		Last Wages Full Time Part Time	
List Job Duties			Reason for leaving		
FOR OFFICE USE ONLY- EMPLOYMENT VERIFICATION					
Employer		Position/Job Title		Employer Phone - -	
Supervisor Name		Dates worked(Month/Yr to Month/Yr) / to /		Last Wages Full Time Part Time	
List Job Duties			Reason for leaving		
FOR OFFICE USE ONLY- EMPLOYMENT VERIFICATION					

If employed by A Caring Company, Inc., it is understood that employment is conditional upon complying with the provisions of the Homeland Security Act. Accordingly, I will furnish proof of both my identity and my legal right to live and work in the United States. I understand that I must have a background study completed through the Minnesota Department of Human Services as a condition of employment and before I am allowed to provide services for clients.

I understand that in processing my application with A Caring Company, Inc., an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other government agencies. This investigation may include, but is not necessarily limited to, a public or private search of my criminal records through the Minnesota Bureau of Criminal Apprehension, the Minnesota Trial Court Public Access Remote View and any other private entities which we may engage to perform criminal background checks or other information of a personal nature.

I authorize you to verify my past employment and education, criminal records, and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions, or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless A Caring Company, Inc. from any liability. I have the right under the "Fair Credit Reporting Act" to obtain a copy of the information obtained in processing my application by directing a written request to A Caring Company, Inc. at the address shown on this application.

I agree that any decision to hire me and stay continually employed is contingent upon the information provided in this application and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment, as well as potential disqualification of my rights to collect unemployment benefits. During your employment with A Caring Company, Inc., if we receive new disqualifying information about your background, we may run another background study at our discretion and your employment may be terminated.

I understand that A Caring Company, Inc. is an at-will employer as allowed by applicable state law. This means regardless of any provision in the application, if hired, A Caring Company, Inc. or applicant may terminate the employment relationship at any time, for any reason, with or without cause or notice. I also understand that I am on probation during the first 90 days of employment and should I be terminated during this time, I am not eligible for unemployment. I also understand that my supervisor may extend my probation period if my performance is substandard.

You have the option to print out this form and manually sign your signature to this form.

If you choose to sign your name electronically, please type "/s/" before entering your name on the signature line and check the box below.

Name (PRINT)	Date
Signature	

By checking this box and entering your name on the signature line above, I am electronically signing this document. I understand that my electronic signature has the same legal effect and can be enforced in the same manner as a handwritten signature. See Minn. Stat. Sec. 325L.07.