



Date _____

At Home Solutions, LLC Employment Application

Personal Information

Name	Last	First	Middle	Social Security #
Address	Street	City	State	Zip Code
Phone, E-Mail	Home phone number	Work phone number	Cell phone number	E-mail address

Emergency Contact Information

Name	Last	First	Middle
Address	Street	City	State Zip Code
Phone	Home phone number	Work phone number	Cell phone number

Please answer the following questions

Yes No Do you have prior experience assisting seniors or people with disabilities in their own home? _____
How long was this for? _____

Yes No Do you have a valid drivers license? (copy needed for company files)

Driver License Number: _____

State of Issue: _____

Yes No Do you own a reliable car that can be used for local travel?

Yes No Do you have proof of insurance? (copy needed for company files)

Insurance Carrier: _____

Policy Number: _____

Yes No Have you had any Automobile accidents in the past three years?

Yes No Have you had any moving violations on your driving record during the past 12 months?

Yes No Are you able to clearly read, write, speak and understand English?

Yes No Can you provide proof of your ability to legally work in the U.S.? (specific verification needed: either a copy of passport; or a copy of drivers license / state ID along with: US Social Security Card, original/certified copy of birth certificate – copy needed for company files)

Yes No Do you smoke?

Yes No Have you been convicted of any misdemeanor or felony in the past 5 years?

Yes No Have you been denied employment because of the results of a Background Check in the past 5 years?

Yes No Do you have any physical conditions that may limit your ability to assist our clients (i.e. downsizing, decluttering, organizing, house work)?
If yes, explain: _____

Why are you interested in this type of work?

Have you had any volunteer experience? What was it and with what type of client? _____

Yes No Do you speak any foreign languages?

If yes:

Language	Verbal Proficiency			Writing/Reading Proficiency		
	H	M	L	H	M	L
	H	M	L	H	M	L
	H	M	L	H	M	L
	H	M	L	H	M	L

What is your highest level of education that you have achieved? Select one.

- HS diploma or GED
- One year of college, degree not yet earned
- Two years of college, degree not yet earned
- Three years of college, degree not yet earned
- Four or more years of college, degree not yet earned
- AA degree
- Bachelors Degree
- Other: _____

Personal References

Three persons, not related to you, that you have known for at least one year and we will call.

Name	Phone Number	Years Known	Relationship To You

Former Employers

Starting with the most recent

Employer	From	To	Wage	Position	Hours/wk
Employer Phone #	Supervisor		Reason for Leaving		May we call them?
Description of Duties					

Employer	From	To	Wage	Position	Hours/wk
Employer Phone #	Supervisor		Reason for Leaving		May we call them?
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Employer Phone #	Supervisor		Reason for Leaving		May we call them?
Description of Duties					

Hour Availability

Fill out the table below with the hours that you are available to work. Keep in mind, the more available you are the easier it is for us to find good clients for you to work with.

Preferred number of hours per week: _____

Day	Times that you are available (i.e. from 9am to 3 pm or anytime)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Are you willing to work overnight and 24 hour shifts?

Awake shifts: Y _____ N _____
 Sleep shifts: Y _____ N _____
 24 hour shifts: Y _____ N _____

Geographic Availability

We are striving to serve all of the Twin Cities Area; please indicate which areas you would be willing to work with a check next to the city.

	North Metro		West Metro		East Metro		South Metro		Other
	All		All		All		All		All
	Maple Grove		Plymouth		Maplewood		Bloomington		N. Minneapolis
	Anoka		New Hope		White Bear Lake		Burnsville		S. Minneapolis
	Coon Rapids		St. Louis Park		Roseville		Shakopee		N. St. Paul
	Andover		Hopkins		Vadnais Heights		Eagan		S. St. Paul
	Blaine		Minnetonka		Woodbury		W. St. Paul		Sherburne County
	New Brighton		Eden Prairie		Roseville		Lakeville		Isanti County
	Fridley		Edina				Prior Lake		
	Shoreview		Golden Valley				Apple Valley		
	East Bethel		Robbinsdale				Rosemount		
	Brooklyn Park		Wayzata				Inver Grove Heights		
	St. Anthony		Chanhassen				Richfield		
	Other:		Other:		Other:		Other:		Other:

Which Position Are You Applying For?

- Caregiver HHA/CNA

Skill Sheet

Please check the following services that you can perform and already know how to perform.

Homemaker & Companion Assistance

- | | |
|--|---|
| <input type="checkbox"/> Meal Planning | <input type="checkbox"/> Changing beds |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Reading aloud |
| <input type="checkbox"/> Driving to appointments (either your car or client's vehicle) | <input type="checkbox"/> Write letters |
| <input type="checkbox"/> Dishwashing | <input type="checkbox"/> Socialization |
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Downsizing / Decluttering |
| <input type="checkbox"/> Dusting | <input type="checkbox"/> Organizational / Filing skills |
| <input type="checkbox"/> Making beds | <input type="checkbox"/> Licensed Handyman / Contractor |
| <input type="checkbox"/> Able to lift 50 lbs (for downsizing, decluttering purposes) | <input type="checkbox"/> Lawn care / light gardening |

Are you willing to work with:

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients who smoke |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients who have dogs |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients who have cats |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients who have other pets |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Female Clients |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Male Clients |

Have you had experience with:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People with Alzheimer's |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People with Parkinson's |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People recovering from Strokes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People with Diabetes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People on Hospice |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People using walkers |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | People using wheelchairs |

Tuberculosis (TB) Screening

All employees of At Home Solutions are required to have a negative TB screening on file, per Minnesota Department of Health guidelines. No person who is contagious with TB will be allowed to provide services that require direct contact with clients. Please be advised that as part of the pre-employment process you will be required to provide documentation of having received a negative reaction to a Mantoux test administered within the past 12 months, or if you have received a positive reaction, documentation of a negative chest x-ray administered within the past 3 months.

HHA/CNA Applicants

If you are applying for a HHA/CNA position, you will be required to show proof of your current certification. Is your certification current and active? Yes No

Please include a copy of your certification with your application.

Do you have experience with:

- | | | | |
|--|---|--|-----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Incontinence Care | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bathing and skin care |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Medication Administration | <input type="checkbox"/> Yes <input type="checkbox"/> No | Feeding assistance |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Transferring Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ambulation assistance |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you First Aid Certified? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you CPR Certified? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have experience with routine medical or nursing therapies? If so, please describe: | | |

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability fro any damage that may result from utilization of such information.

I also agree to a credit, county criminal background, and driving record/license check for the past seven years. I understand that employment is contingent upon these results.

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.

I also understand that my employment with AHS is at will: I have the right to terminate it at any time and for any reason, and that AHS has the same right.

Signature: _____ Date: _____

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