

Location	Other						
<input type="checkbox"/> Bagley <input type="checkbox"/> Duluth/Nett Lake <input type="checkbox"/> Cass <input type="checkbox"/> Fairmont <input type="checkbox"/> Corporate <input type="checkbox"/> Gallup <input type="checkbox"/> Duluth <input type="checkbox"/> Hayward	<input type="checkbox"/> Mpls-North NSP/Choice/IV <input type="checkbox"/> Mpls-South <input type="checkbox"/> Ogema						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Job Title(s)</td> <td></td> </tr> <tr> <td>Date of Hire (First Day of Training)</td> <td></td> </tr> <tr> <td>Rate of Pay</td> <td></td> </tr> </table>	Job Title(s)		Date of Hire (First Day of Training)		Rate of Pay	
Job Title(s)							
Date of Hire (First Day of Training)							
Rate of Pay							

APPLICATION FOR EMPLOYMENT
Applicants May Be Tested For Illegal Drugs

Name _____
Last First Middle

Any Alias Names? _____
Last First Middle

Date of Application ____/____/____ Social Security No. ____ - ____ - ____

Physical Address _____
Street Number

City State Zip County

Mailing Address _____
Street Number

City State Zip

Telephone (____) _____ Secondary Phone Number (____) _____

Are you related to anyone in the company? ___No ___Yes If yes, who? _____ Relationship _____

If under 18, please list age _____ Position applying for _____

What date are you available for work? ____/____/____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

List all hours you are available to work (please include evening hours):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

APPLICATION FOR EMPLOYMENT Page - 3

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employment Application Page - 4

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by HealthStar Home Health (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of HealthStar Home Health, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and HealthStar Home Health may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Background Study Consent Form

A criminal background study is required in order for you to be employed with HealthStar Home Health. By providing the following information, you are indicating your consent for us to run a background study for you. Because this information is pivotal to your start date, please print legibly and complete the form in its entirety. HealthStar Home Health may run periodic background studies throughout your employment. Background studies need to clear the state completely before providing Mental Health Services or PCA services. **Incorrect information could lead to removal from your position and/or loss of pay.**

First

Full Middle (**mandatory**)

Last

Today's Date

List Any Previous or Alias Name(s) Here if You Have Been Known By Any Other Name(s)

_____/_____/_____
Date of Birth

_____/_____/_____
Social Security Number

Gender: Male Female

Minnesota Driver's License or Minnesota State ID Number

IMPORTANT: By leaving the MN Driver's license or ID number blank you are indicating to the State of MN that you do **NOT** have a Minnesota driver's license or a Minnesota state ID.

The following address must be used consistently throughout your application process. If using a PO Box address, you must also include a physical mailing address to meet state guidelines.

Physical Address

Apt. #

PO Box Address (if applicable)

City

State

Zip

(____)_____
Phone Number

I give my permission for HealthStar Home Health to complete a criminal background study on me. I understand that my hire is contingent upon the results of this study.

Signature _____

Office Use Only

Background Study Entered into Netstudy Facility ID#: 21714 98382

____ Checked "MHCP Enrolled Providers Excluded Providers List" via the MN DHS website

____ Checked "List of Excluded Individuals/Entities" via the Office of Inspector General website

Background Study Entered By: _____ Date _____
Agency Representative