

Application for Employment

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLCATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For		Name	e	
Telephone Number		A	Iternate or Cell Number	
Email Address				
Present Address				
		Street, Apa	artment, or Unit Number	
			How long have you lived there	/
City	State	Zip		Years/ Months
Type of employment desired?		Full-time	Part-time (Specify Hours)	

List all special technical skills that you feel qualify you for the job for which you are applying (For example, patient care training, hospital task training, etc.)

Education	School Name and Location (Address, City, State)	Course of Study	# of Years Completed	Degree/Major
High School				
College				
Bus./Tech./Trade or Post College				

Honors Received:

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interviews is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentations, or omissions of any information may result in disqualification from consideration for employment or, if employed, disciplinary actions, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISIONS IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYEMENT AT-WILL. NO OFFICER, EMPLOYEE OR RESPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESSED OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

WORK EXPERIENCE

Please list names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including period of unemployment. If self-employed, supply firm name and business reference. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

Name		Address Type of Business
Telephone ()	Dates Employed From/to//
Job Title		Duties
Supervisor's Na	me	May we contact? Yes No If No, Why?
Wages Star	t Final	Reason for Leaving
What will this em	ployer say is the reason your en	nployment terminated?
How much notice	e did you give when resigning? If	none, explain:
Employer		
Name		Address Type of Business
Telephone ()	Dates Employed From/to/
Job Title		Duties
Supervisor's Na	me	May we contact? Yes 🗌 No 🗌 If No, Why?
Wages Star	t Final	Reason for Leaving
What will this em	ployer say is the reason your en	nployment terminated?

Name		Address Type of Business
Felephone ()		Dates Employed From/ to/
lob Title		Duties
Supervisor's Name		May we contact? Yes 🗌 No 🗌 If No, Why?
Wages Start	Final	Reason for Leaving

How much notice did you give when resigning? If none, explain:

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the postion I am seeking and to the extent permitted by federal, state or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature:

Date:_____



Job Description

Job Title: Personal Care Assistant (PCA) Department: Personal Care Assistant Reports To: Supervisory RN, Staffing Coordinator, & HR Manager FLSA Status: Non-Exempt

Brief Description of Job Duties:

PCA: Employee will be performing Activities of Daily Living and Instrumental Activities of Daily Living for individuals in their homes and communities where they live. The Activities of Daily Living include but are not limited to: dressing, grooming, bathing, eating, transfers, mobility, positioning, and toileting. Instrumental Activities of Daily Living include, but are not limited to: light housekeeping, assistance with medication, laundry, range of motion, cleaning and maintaining of client's equipment, and accompany to medical appointments. These duties will be performed based on the client's care plan. Employees are prohibited from performing any duty not specified on the care plan. Performing these duties according the care plan will allow the client to remain independent in their own home and community. While providing cares to the client, employee will accurately maintain documentation of care provided and changes in client's health status. PCA duties align with the same duties and responsibilities of a Personal Support worker and Respite worker.

Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Be able to communicate effectively with the client and AHH, Inc. staff, respond appropriately to client needs and report changes in the client's condition to the AHH, Inc. Supervisory RN.

- Have demonstrated ability to work with little direct supervision and make appropriate judgments;
- Have demonstrated dependability, tact and ability to follow orders;
- Be free of dependency on mood altering chemicals including alcohol;
- Align with AHH's core values;
- PCAs cannot have an open service agreement with the Department of Human Services.

Language Ability:

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization. Ability to communicate effectively with the client and AHH, Inc. staff, respond appropriately to client needs and report changes in the client's condition to AHH, Inc. and the Supervisory RN.

Math Ability:

Ability to add and subtract two digit numbers and to multiply and divide with 10's and 100's. Ability to perform these operations using units of American money and weight measurement, volume, and distance.

Reasoning Ability:

Ability to apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations.

Physical Demands:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands and talk or hear. The employee is frequently required to stand; walk; reach with hands and arms and stoop, kneel, crouch or crawl.

The employee is occasionally required to sit. The employee must occasionally lift and/or move up to 50 pounds.

Work Environment:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to outdoor weather conditions. The noise level in the work environment is usually moderate.

Background Check Information:

All PCA applicants are subject to criminal background checks conducted through the Minnesota Department of Human Services (DHS). An individual convicted of a disqualifying crime or conduct specified in Minnesota Statutes, Chapter 245c, subpart 15, a comparable crime or conduct in another jurisdiction, substantiated serious or recurring maltreatment of a minor under Minnesota Statues, section 626.556, or of a vulnerable adult under Minnesota Statutes, section 626.557, or failure to make required reports under these statutes, is disqualified from being a PCA unless specified rehabilitation criteria are met. PCA applicants will not begin work for AHH, Inc. until the criminal background check is completed and the applicant's qualifications confirmed.

Training:

All PCA applicants must complete DHS-approved training and agree to AHH, Inc. training and in-service requirements before providing client services. All PCA applicants must provide AHH, Inc. with a certificate of completion of DHS-approved training and enroll with DHS as a PCA once all training criteria are met.

I have read this Job Description and understand the requirements to perform this job.

Applicant Name:_____

Applicant Signature:_____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:___Date:____Date:____Date:____Date:___Date:___Date:___Date:___Date:___Date:___Date:__Date:__Date:___Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:__Date:_

2626 E 82nd St Suite 180 Bloomington, MN 55425 Phone: (952) 814-7400 Fax: (952) 853-0966



Job Description

Job Title: Homemaker Department: Homemaker Reports To: Supervisory RN, Staffing Coordinator, & HR Manager FLSA Status: Non-Exempt

Brief Description of Job Duties:

Employee will be performing homemaking tasks for individuals in their homes and communities where they live. The homemaking tasks include but are not limited to: meal preparation, shopping and errands, routine household care, transportation arrangement, companionship, emotional support, social stimulation, and monitoring the safety and well-being of the client. Employee is prohibited from performing a client's activities of daily living (ADLs), which are dressing, grooming, bathing, eating, transfers, mobility, positioning, and toileting. Employee is also prohibited from transporting the client in any vehicle where the employee is driving. These duties will be performed based on the client's care plan. Performing these duties according the care plan will allow the client to remain independent in their own home and community. While providing services to the client, employee will accurately maintain documentation of service provided and changes in client's health status.

Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Be able to communicate effectively with the client and AHH, Inc. staff, respond appropriately to client needs and report changes in the client's condition to the AHH, Inc. office staff.

- Have demonstrated ability to work with little direct supervision and make appropriate judgments;
- Have demonstrated dependability, tact and ability to follow orders;
- Be free of dependency on mood altering chemicals including alcohol;
- Align with AHH's core values;

Language Ability:

Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization. Ability to communicate effectively with the client and AHH, Inc. staff, respond appropriately to client needs and report changes in the client's condition to AHH, Inc. and the Supervisory RN.

Math Ability:

Ability to add and subtract two digit numbers and to multiply and divide with 10's and 100's. Ability to perform these operations using units of American money and weight measurement, volume, and distance.

Reasoning Ability:

Ability to apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Ability to deal with problems involving a few concrete variables in standardized situations.

Physical Demands:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands and talk or hear. The employee is frequently required to stand; walk; reach with hands and arms and stoop, kneel, crouch or crawl. The employee is occasionally required to sit. The employee must occasionally lift and/or move up to 50 pounds.

Work Environment:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is occasionally exposed to outdoor weather conditions. The noise level in the work environment is usually moderate.

Background Check Information:

All applicants are subject to criminal background checks conducted through the Minnesota Department of Human Services (DHS). An individual convicted of a disqualifying crime or conduct specified in Minnesota Statutes, Chapter 245c, subpart 15, a comparable crime or conduct in another jurisdiction, substantiated serious or recurring maltreatment of a minor under Minnesota Statues, section 626.556, or of a vulnerable adult under Minnesota Statutes, section 626.557, or failure to make required reports under these statutes, is disqualified from being employed unless specified rehabilitation criteria are met. Applicants will not begin work for AHH, Inc. until the criminal background check is completed and the applicant's qualifications confirmed.

Training:

Have participated in a related school-based job-training program or have successfully completed a certified Home Health Aide competency evaluation if between the ages of 16 and 18 years. AHH, Inc. must maintain documentation that you participated in the job-training program or completed the competency evaluation.

Have completed one of the following training requirements before providing services:

- a. A nursing assistant training program or its equivalent for which competency as a nursing assistant is determined according to a test administered by the State Board of Vocational Technical Education;
- b. A homemaker-home health aide pre-service training program using a curriculum recommended by the Minnesota Department of Health;
- c. An accredited educational program for RNs or LPNs; or
- d. AHH, Inc.'s training program under the supervision of the Staffing Coordinator that provides the homemaker with the skill required to perform covered services. Homemakers shall be tested and must score 75% or better.

I have read this Job Description and understand the requirements to perform this job.

Applicant Name:_____

Applicant Signature:_____Date:______Date:_____Date:_____Date:_____Date:______Date:____Date:____Date:_____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:_____Date:____Date:_____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:___Date:____Date:___Date:___Date:__Date:__Date:__Date:

2626 East 82nd St Suite 180 Bloomington, MN 55425 Phone: (952) 814-7400 Fax: (952) 853-0966