



## APPLICATION FOR EMPLOYMENT AT HERITAGE OF EDINA

Position applying for:

Date of application:

Name:

Last

First

Middle

Address:

City:

State:

ZipCode:

Phone Number:

Social Security #:

Email Address:

Best time to contact you by phone is:

Mornings

Afternoons

If necessary, may we contact you at work?

Yes

No

If yes, work phone number:

Best time to call:

Are you at least 18 years old?

Yes

No

Have you been employed by Heritage of Edina previously?

Yes

No

If yes, please provide dates and positions:

Are you legally eligible for employment in this country?

Yes

No

Have you been convicted of a crime in the past 15 years, or since the age of 18 (whichever is less)?

Yes

No

If yes, please provide details:

Answering YES does not constitute an automatic bar from employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and the position applied for, will be taken into account.

Drivers license number, if driving is an essential job function:

Date available for work:

What is your desired salary?

Type of employment desired, please indicate all that apply:

Full time

Part time

Weekends

Days

Evenings

Nights

On-Call

Will you work overtime if required?

Yes

No

If no, please explain:

### FOR CERTIFIED/LICENSED APPLICANTS ONLY

Certification/License Number:

State licensed in:

Date of Expiration:





**APPLICANT PLEASE SIGN**

I hereby authorize you to release the following information to Heritage of Edina:

Applicant name (printed):

Applying for:

Applicant Signature:

Date:

**The form below is for office use only:**

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**Employer Contacted:** \_\_\_\_\_

Information given by: \_\_\_\_\_ Title: \_\_\_\_\_

- 1. What position did this individual hold? \_\_\_\_\_
- 2. Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_
- 3. Is this person eligible for rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Attendance record: \_\_\_\_\_
- 5. Quality of work: \_\_\_\_\_

**Employer Contacted:** \_\_\_\_\_

Information given by: \_\_\_\_\_ Title: \_\_\_\_\_

- 6. What position did this individual hold? \_\_\_\_\_
- 7. Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_
- 8. Is this person eligible for rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 9. Attendance record: \_\_\_\_\_
- 10. Quality of work: \_\_\_\_\_

**Professional Reference:**

Information given by: \_\_\_\_\_ Title: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

What are this persons best qualities? \_\_\_\_\_

\_\_\_\_\_

How would you describe their quality of work? \_\_\_\_\_

\_\_\_\_\_

How would you describe their level of dependability? \_\_\_\_\_

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Heritage of Edina, Inc. is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient to cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I authorize Heritage of Edina, Inc., its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Heritage of Edina, Inc., its agents, employees and representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of Heritage of Edina, Inc. is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Heritage of Edina's CEO.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

**I certify that I have read and fully understand and accept all terms of the foregoing application statement.**

**Signature of Applicant:**

**Date:**



## Privacy Notice:

### MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES

### SUPPLEMENTAL NURSING SERVICES AGENCIES, EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES, PROFESSIONAL SERVICES AGENCIES

#### BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

- 1. Purpose and intended use of the information:** Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
- 2. Whether you may refuse or are legally required to provide the information:** Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
- 3. Known consequences that may arise from supplying the information:** Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
- 4. Known consequences that will arise from refusing to supply the requested information:** Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.
- 5. Identification of other agencies or entities authorized to receive this information:** The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

**BACKGROUND STUDY FORM - MINNESOTA DEPARTMENT OF HEALTH**  
**(Please type or print)**

Name: \_\_\_\_\_  
Last Name First Name Middle Name

List all other names by which you have been known: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code County

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
MM/DD/YYYY Male/Female

Social Security Number: \_\_\_\_\_

Phone number: \_\_\_\_\_

- Race:  Asian  
 Pacific Islander  
 Black or African American  
 Native American or Alaska Native  
 Caucasian  
 Other please specify: \_\_\_\_\_

Driver's License/State Issued ID #: \_\_\_\_\_

Issued by the State of \_\_\_\_\_