

Equity Services of Saint Paul, Inc.

Employment Application

Name: _____ Social Security # _____
(Last) (First)

Sex _____ Birthdate _____ Phone _____ Alternate # _____

Address _____ City _____ State _____ Zip _____

In case of emergency
Relative or friend _____ Phone _____

Drivers License: ___ Yes ___ No Car Availability: ___ Yes ___ No

Are you interested in: ___ Full Time ___ Part Time ___ Temporary ___ Days
___ Evenings ___ Weekends ___ Nights ___ Overtime

Date available for work _____

EDUCATIONAL

Name of school attended	Location	From (Date)	To (Date)	Diploma/Degree	Date
----------------------------	----------	----------------	--------------	----------------	------

.....

Do you have an **OBRA 87** competency evaluation? _____

Please list training and certifications _____

Are you currently under a Doctor's care? If so, explain _____

We require that our home health aides have the ability to lift 70 pounds for transferring clients. Do you have this ability? ___ Yes ___ No

Do you have any lifting restrictions? ___ Yes ___ No

Employment history – List most recent employer first:

Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Length of Employment _____ Months From _____ To _____

Job duties _____

Reason left employment _____

May we contact your last employer? ____ Yes ____ No Phone# _____

Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Length of Employment _____ Months From _____ To _____

Job duties _____

Reason left employment _____

May we contact your last employer? ____ Yes ____ No Phone# _____

Legal issues:

Have you ever been convicted of felony or a misdemeanor? ____ Yes ____ No

I grant permission for any and all of the above information to be verified by Equity Services of St. Paul, Inc. This information will be confidential and will not disqualify me from employment.

Signature

Date