

# EMPLOYMENT APPLICATION

## **Guardian In Home Health & Security, LLC**

2025 10th St E  
Glencoe, Minnesota 55336  
320-864-6545

It is the policy of **Guardian In Home Health & Security, LLC** to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### Applicant Information

Applicant Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Job Position Applied For: \_\_\_\_\_

2. Who referred you to our company? \_\_\_\_\_

3. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_

4. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. How will you get to work? \_\_\_\_\_

6. Are you willing to work any shift, including nights, weekends, and /or 24/7 shift?  
If no, please state any limitations: \_\_\_\_\_ Yes \_\_\_\_\_ No

7. If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_

8. Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Are you able to perform the essential functions of the job position with or without  
reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you require?

10. We do background checks, is there anything you would like us to know about you?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

### **Applicant's Skills**

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

<b><u>Skill</u></b>		<b><u>Years of Experience</u></b>	<b><u>Rating</u></b>
[ ] CNA	Yes or No	_____	1 2 3 4 5
[ ] PCA	Yes or No	_____	1 2 3 4 5
[ ] HHA	Yes or No	_____	1 2 3 4 5
[ ] Transportation of Elderly	Yes or No	_____	1 2 3 4 5
[ ] Dementia	Yes or No	_____	1 2 3 4 5
[ ] Parkinson's	Yes or No	_____	1 2 3 4 5
[ ] MS	Yes or No	_____	1 2 3 4 5
[ ] Disabled Persons	Yes or No	_____	1 2 3 4 5
[ ] First Aid & CPR	Yes or No	_____	1 2 3 4 5
[ ] Meal Menu & Preparing	Yes or No	_____	1 2 3 4 5
[ ] House Cleaning	Yes or No	_____	1 2 3 4 5
[ ] Communication Skills	Yes or No	_____	1 2 3 4 5
[ ] Timely/Punctual	Yes or No	_____	1 2 3 4 5
[ ] Other: _____		_____	1 2 3 4 5

### **Applicant Employment History**

List your current or most recent employment first.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ May We Contact Them? [ ] Yes [ ] No

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ May We Contact Them? [ ] Yes [ ] No  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ May We Contact Them? [ ] Yes [ ] No  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

**Applicant's Education and Training**

College/University Name and Address  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree received: \_\_\_\_\_

High School/GED Name and Address  
\_\_\_\_\_

Other Training (graduate, technical, vocational): **CNA or PCA Certificate – Date completed**  
\_\_\_\_\_

Awards, Honors, Special Achievements:  
\_\_\_\_\_

Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

## **References**

List any two people not related to you who would be willing to provide a reference for you.

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please provide any other information that you believe should be considered:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any other CNA, PCA, HHA caregivers that you could recommend for a position with our company? \_\_\_\_\_Yes or \_\_\_\_\_No

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

They will not be considered as competition for a position but as a good team mate to have work for our company to build the best GOLD STANDARD caregivers in the business.

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Guardian In Home Health & Security, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Administrative Assistant, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Guardian In Home Health & Security, LLC, except in a specific written contract of employment signed on behalf of the organization by its Administrative Assistant, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE