

# Silver Mountain Home Health Care LLC

1603 Chicago Ave S Minneapolis, MN 55404 Tel: 612-226-5375 Fax: 651-204-9193

Email: [info@silvermountainhhc.com](mailto:info@silvermountainhhc.com) Web: [www.silvermountainhhc.com](http://www.silvermountainhhc.com)

## Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview. <b>Applicant Data</b> How were you referred to us?	Date of Interview 7/31/2019 (     /     /     ):
	Position Applied for:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Pager/Other \_\_\_\_\_ Email: \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit?  Yes  No \_\_\_ If no, please explain:

\_\_\_\_\_

Have you ever worked for this company?  Yes  No \_\_\_\_\_ if yes, when? \_\_\_\_\_

Answering yes to these questions does not constitute an automatic rejection for employment'

Type of employment desired:  Full – Time  Part – Time  Temporary  Seasonal

Driver's license number (if applicable to position): \_\_\_\_\_ State: \_\_\_\_\_

### Education History

Name & Location of High School: \_\_\_\_\_ did you graduate? \_\_\_\_\_

Name & Location of College: \_\_\_\_\_ Years attended: \_\_\_\_\_

Degrees completed: \_\_\_\_\_ Other Subjects studied: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_ Years attended: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

### Summarize Your Special Skills or Qualifications

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

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### Previous Employment (begin with most recent position)

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

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

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

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

May we contact this employer for a reference?  Yes  No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements of this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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