



1550 Humboldt Ave • West St. Paul, MN 55118 • P: 651.450.1802 • F: 651.789.5150

Application for Employment

Personal Information

Date:		Email:	
Last Name:		First:	Middle:
Street Address:			
City/State/Zip:			
Mobile Phone:		Alternate Phone:	

Job Questions

Please answer the following questions as thoroughly as possible.
Failure to complete the application may prevent you from being considered for employment.

Which hours or shifts are you willing to work? Please also indicate in which areas in the Twin Cities Metro you are willing to work.

What is your preferred employment status: Part Time Full Time On Call/Relief

What date are you available to begin training?

Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to drive an extended body company van?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to complete household cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have access to a personal vehicle you can use for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to administer medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide proof of insurance for that vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you proficient in American Sign Language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied to our company before? If yes , when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any additional languages – specify if they are read/spoken:		Have you ever worked for our company before? If yes , when and where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able, either with or without reasonable accommodation, to perform the essential functions of the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have previous experience working with people with disabilities in their home? If yes , how many years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any experience with the following? Check all that apply:

<input type="checkbox"/> Person-Centered Thinking, Tools & Strategies	<input type="checkbox"/> Behavior Management	<input type="checkbox"/> Single-Person/Two-Person Lifting	<input type="checkbox"/> Insulin/ Diabetic Testing	<input type="checkbox"/> Feeding Tubes and/or Specialized Diets
<input type="checkbox"/> Dementia/ Alzheimer's	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Hoyer/ EZ Lift	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Hearing/ Vision Impairment
<input type="checkbox"/> Seizure Disorders	<input type="checkbox"/> Driving an Hydraulic Van	<input type="checkbox"/> None		

Please select the methods of lifting you are willing and able to perform (check all that apply):

<input type="checkbox"/> Single-Person Lifting/Transferring	<input type="checkbox"/> Two-Person Lifting/Transferring	<input type="checkbox"/> Hoyer Lifting/Transferring
<input type="checkbox"/> Lifting up to 25lbs	<input type="checkbox"/> Lifting up to 50lbs	<input type="checkbox"/> Lifting up to 75lbs

Please Select the level of client needs you are willing/able to work with (check all that apply):				
<input type="checkbox"/> High-Functioning	<input type="checkbox"/> Moderate-Functioning	<input type="checkbox"/> Low-Functioning		
<input type="checkbox"/> High Medical Needs	<input type="checkbox"/> Low Medical needs	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Non-Ambulatory	
Please indicate your willingness to perform the following cares (check all that apply):				
<input type="checkbox"/> Bathing	<input type="checkbox"/> Shaving	<input type="checkbox"/> Toileting	<input type="checkbox"/> Feminine Hygiene	
<input type="checkbox"/> Brushing Teeth	<input type="checkbox"/> Cooking	<input type="checkbox"/> Pool Therapy		
Employment History				
Employer:		Start & End Dates:		
Address:		Phone #:		
Job Title:		Supervisor:		
Reason for Leaving:		Start Pay: \$	End Pay: \$	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer:		Start & End Dates:		
Address:		Phone #:		
Job Title:		Supervisor:		
Reason for Leaving:		Start Pay: \$	End Pay: \$	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer:		Start & End Dates:		
Address:		Phone #:		
Job Title:		Supervisor:		
Reason for Leaving:		Start Pay: \$	End Pay: \$	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Education History				
Institution Name	Location	Area of Study	Years Completed	Degree Achieved?
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialized training, skills, internships:				
References				
Name	Phone #:		Relation:	

Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I hereby authorize Thomas Allen, Inc. to investigate all statements contained herein for employment and I release any party from claims based upon their providing information to Thomas Allen, Inc.

I understand and agree that any employment relationship with this organization is of an "at-will" nature. This means that I may resign at any time and Thomas Allen, Inc. may discharge me at any time with or without cause and with or without prior notice. It is further understood that this "at-will" employment relationship may not be changed by any verbal agreement, written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in immediate termination of employment. **AA/EOE.**

X _____
Applicant Signature & Date