

Golden Home Care Plus, Inc.
P.O. Box 924
6 N. Minnesota St.
New Ulm, MN 56073
507-359-2756
Fax 507-354-1260
jobs@ghcpinc.com



Employment Application

| APPLICANT INFORMATION | | | | | |
|--|--|--|---------|--|--------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | | State | | ZIP |
| Phone | | Cell phone | | Email | |
| Date Available | | Social Security No. | | Desired Salary | |
| Are you at least 16 years of age YES <input type="checkbox"/> NO <input type="checkbox"/> Position Applied for | | | | | |
| Looking for Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours available to work | | | | | |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? | | | | | |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain | | | | | |
| Emergency Contact | | | | | Phone () |
| EDUCATION | | | | | |
| High School | | | Address | | |
| From To | | Did you graduate? | | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree | |
| College | | | Address | | |
| From To | | Did you graduate? | | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree | |
| Other | | | Address | | |
| From To | | Did you graduate? | | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree | |
| SPECIALIZED TRAINING (PLEASE PROVIDE EVIDENCE OF ANY CERTIFICATIONS, ETC.) | | | | | |
| CPR Certified (Certification Expires: _____) | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | Certified in Medication Administration YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Certified Water Safety Administration | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | First Aid Training YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Class B Drivers License | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | Do you speak a 2 nd language? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Other (Please List) | | | | | |
| REFERENCES | | | | | |
| <i>Please list three professional references.</i> | | | | | |
| Full Name | | | | Relationship | |
| Company | | | | Phone () | |
| Address | | | | | |
| Full Name | | | | Relationship | |
| Company | | | | Phone () | |

| | |
|-----------|---------------|
| Address | |
| Full Name | Relationship |
| Company | Phone () |

| |
|---------|
| Address |
|---------|

| |
|----------------------------|
| PREVIOUS EMPLOYMENT |
|----------------------------|

| | |
|---------|---------------|
| Company | Phone () |
|---------|---------------|

| | |
|---------|------------|
| Address | Supervisor |
|---------|------------|

| | | |
|-----------|--------------------|------------------|
| Job Title | Starting Salary \$ | Ending Salary \$ |
|-----------|--------------------|------------------|

| |
|------------------|
| Responsibilities |
|------------------|

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

| | | |
|--|------------------------------|-----------------------------|
| May we contact your previous supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

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|---------|---------------|
| Company | Phone () |
|---------|---------------|

| | |
|---------|------------|
| Address | Supervisor |
|---------|------------|

| | | |
|-----------|--------------------|------------------|
| Job Title | Starting Salary \$ | Ending Salary \$ |
|-----------|--------------------|------------------|

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|------------------|
| Responsibilities |
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|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

| | | |
|--|------------------------------|-----------------------------|
| May we contact your previous supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

| | |
|---------|---------------|
| Company | Phone () |
|---------|---------------|

| | |
|---------|------------|
| Address | Supervisor |
|---------|------------|

| | | |
|-----------|--------------------|------------------|
| Job Title | Starting Salary \$ | Ending Salary \$ |
|-----------|--------------------|------------------|

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|------------------|
| Responsibilities |
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| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

| | | |
|--|------------------------------|-----------------------------|
| May we contact your previous supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

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| MILITARY SERVICE |
|-------------------------|

| | | |
|--------|------|----|
| Branch | From | To |
|--------|------|----|

| | |
|-------------------|-------------------|
| Rank at Discharge | Type of Discharge |
|-------------------|-------------------|

| |
|----------------------------------|
| If other than honorable, explain |
|----------------------------------|

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| DISCLAIMER AND SIGNATURE |
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I hereby give my permission to Golden Home Care Plus, Inc. to contact the past and present employers for reference purposes with the following exceptions (list if any):

To determine my qualifications for employment, I authorize this company to conduct an investigation on my application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company, in the termination of employment. I also understand that I must provide evidence/results of a physical examination, if requested (based upon position applied for), and freedom from tuberculosis.

Applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicapped.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|