

**HOME MANAGEMENT APPLICATION FORM**

**AGING SERVICES FOR COMMUNITIES**

Home Management Services

212 1st St. South, P.O. Box 7

Montgomery, MN 56069

Phone: 507-364-5663

Fax: 507-364-5454

Email: [agingservices@frontiernet.net](mailto:agingservices@frontiernet.net)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE DATE OF EXPIRATION: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON & PHONE: \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES NO  
IF YOU ATTENDED COLLEGE WHAT IS YOUR DEGREE IN? \_\_\_\_\_

HAVE YOU EVER BEEN REJECTED FOR A POSITION DUE TO A POSITIVE  
DRUG-ALCOHOL TEST? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CRIME? YES NO  
IF YES, EXPLAIN: \_\_\_\_\_

DAYS AVAILABLE TO WORK:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY  
SATURDAY SUNDAY

TIMES OF DAY AVAILABLE TO WORK:

MORNINGS AFTERNOONS EVENINGS OVERNIGHTS

**Employment Experience**  
**Most recent to past employment experience**

Most Recent Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Can we call the employer? \_\_\_\_\_

Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Can we call the employer? \_\_\_\_\_

Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Can we call the employer? \_\_\_\_\_

Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Any special training or experience working with older adults: \_\_\_\_\_  
\_\_\_\_\_

\*\* PLEASE ATTACH A COPY OF YOUR VEHICLE INSURANCE FACE SHEET WITH THE TYPE OF INSURANCE AND THE AMOUNTS FOR LIABILITY/COMPREHENSIVE/COLLISSION (BY MINNESOTA LAW YOU ONLY HAVE TO CARRY LIABILITY)

\*\*\* PLEASE ATTACH COPIES THAT YOU HAVE: DRIVER'S LICENSE, NURSING, NURSING ASSISTANCE (NURSING DEGREE NOT REQUIRED SINCE THIS IS NOT A MEDICAL POSITION)

MY SIGNATURE GUARANTEES THAT THE INFORMATION ABOVE IS TRUE AND I GIVE PERMISSION TO CONDUCT A BACKGROUND CHECK.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please list 3 Personal References, their relationship to you and their phone number. No relatives or family members:

1.

2.

3

## Optional Questions

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion or disability.

Age: \_\_\_\_\_ Male or Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check the races which with you identify yourself:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbean's of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- American Indians (includes Alaskans)

Check the highest level of education you have completed:

- Less than 8<sup>th</sup> grade
- Completed 8<sup>th</sup> grade
- Attended High School
- High School Graduate or Equivalent (GED)
- Attended College and/or associate degree
- College graduate
- Attended graduate school
- Master's Degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Position applied for: \_\_\_\_\_

How did you hear about this employment opportunity?

- Newspaper, which newspaper? \_\_\_\_\_
- Radio/TV, which channel? \_\_\_\_\_
- Friend \_\_\_\_\_
- Church Bulletin, which Church? \_\_\_\_\_
- Agency posting? \_\_\_\_\_