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**ONLINE APPLICATION FOR EMPLOYMENT:** Home Care Companions, Inc., An Equal Opportunity Employer. You must be 18 years of age and hold a ND drivers license to fill out application. We consider applicants for all positions without regard to race, color, sex, religion, national origin, marital or veteran status, the presence of non-job related medical conditions or disabilities or any other legally protected status. Previous care experience or training is required.

- 1) Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ Date: \_\_\_\_\_
- 2) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3) Home phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_
- 4) Position for which you are applying: \_\_\_\_\_  
 Lowest acceptable wage: \$ \_\_\_\_\_ per \_\_\_\_\_ Date you can start: \_\_\_\_\_  
 Referred by: \_\_\_ Newspaper Ad \_\_\_ Recruited \_\_\_ Walk-In Other, please list: \_\_\_\_\_
- 5) Are you either a U.S. citizen or legally eligible to hold employment in the United States? \_\_\_ Yes \_\_\_ No
- 6) Are you related to anyone employed by our company? \_\_\_ Yes \_\_\_ No  
 If yes, name of the person, relationship and location employed: \_\_\_\_\_

7) LIST HOURS AND DAYS AVAILABLE TO WORK

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
From (time)							
To (time)							

Are you available to work: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Days \_\_\_ Evenings \_\_\_ Weekends?

8) EDUCATION

Type of School	Name and Address of School	Diploma/ Degree	Major /course of study
High School	Name _____	___ Yes	
	Street: _____ City _____ State _____ Zip _____	___ No	
College	Name _____	___ Yes	
	Street: _____ City _____ State _____ Zip _____	___ No	
Technical, trade, grad school or other	Name _____	___ Yes	
	Street: _____ City _____ State _____ Zip _____	___ No	

- 9) List any additional or special education, training, skills or machines operated: \_\_\_\_\_  
 \_\_\_\_\_
- 10) Do you have any disabilities that may limit your ability to perform the work for which you are applying. \_\_\_ Yes \_\_\_ No  
 If yes, please explain: \_\_\_\_\_  
 What can be done to accommodate your limitation? \_\_\_\_\_
- 11) Have you ever been convicted (found guilty) of attempting or committing any crime other than a minor traffic violation?  
 \_\_\_ Yes \_\_\_ No. If yes, when? \_\_\_\_\_ For What? \_\_\_\_\_

*Note: A conviction record will not necessarily bar individuals from employment.  
 You are not required to reveal records which have been judicially expunged, sealed, or eradicated.*

12) List all past job history, former and current employers. List present or most recent employment first. Information provided is subject to verification.

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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

Dates Employed From: (month/year): \_\_\_\_\_ To: (month/year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Starting Rate of Pay :\$ \_\_\_\_\_ per \_\_\_\_\_ Last rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

If time elapsed between positions, please explain: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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

Dates Employed From: (month/year): \_\_\_\_\_ To: (month/year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Starting Rate of Pay :\$ \_\_\_\_\_ per \_\_\_\_\_ Last rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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

Dates Employed From: (month/year): \_\_\_\_\_ To: (month/year) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Starting Rate of Pay :\$ \_\_\_\_\_ per \_\_\_\_\_ Last rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

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

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

If time elapsed between positions, please explain: \_\_\_\_\_

As a provider of service for the state of North Dakota we will need will need to make 3 reference checks that can attest to your personal and professional abilities. Please list 3 people we can contact if different than the above employment history.

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone: \_\_\_\_\_

## Immigration Act

I understand that, if hired, I will be required to offer examination documents proving that I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my proving the necessary documentation within the prescribed time frames.

\*\* Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant's Signature)

### **READ CAREFULLY BEFORE SIGNING**

I hereby certify, to the best of my knowledge that the answers give are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for my immediate dismissal.

I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the company or myself.

I understand that no supervisor, manager, or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contract to the above must be in writing and expressly state that is a contract and be signed by the authorized representative of the company.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment, for certain positions, is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy.

\*\* Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant's Signature)

<p><b>THIS APPLICATION WILL REMAIN ACTIVE FOR 6 MONTHS. APPLICANTS WHO WISH TO BE CONSIDERED AFTER THAT TIME MUST REAPPLY.</b></p>
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# AN EQUAL OPPORTUNITY EMPLOYER

We are an Equal Opportunity employer and therefore complies with the law prohibiting discrimination on such factors as race, color, religion, sex, national origin, marital or veteran status, or disability.

Under the Michigan Handicappers' Civil Rights Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed.

## DRUG TESTING

The company may conduct drug testing of job applicants. Should you be considered for employment by this company, you may be contacted regarding the time and location of the pre-employment drug test. Refusal to take the drug test or failing the drug test can disqualify you from further consideration for a position.

## AUTHORIZATION AND UNDERSTANDING

I certify that the information given herein is true and complete without qualification. I understand that The company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize your company to do the same. This inquiry may include information as to my character, general reputation, and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools, and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that your company can terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at any time during my employment. I give authorization to have my personal credit history, criminal history and driving record investigated by a third party.

If terminated, I authorize your company to use any information in its possession concerning me for reference purposes and/or if legally required to furnish any information, including disclosure of information to any third party., future employer or prospective employer, without receiving any prior notice, and I release your company from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and regulations of your company, and the directions of its Supervisors. I understand and acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of the company and can be terminated, with or without cause, and with or without notice, at anytime at the option of either the company or myself. I further understand and agree that no manager, representative agent or employee of the company, other than the President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the President of the company in order to be effective.

I further understand that my employment is conditional until such time as the results of any pre-employment drug testing, if any is required, are known. I also understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations at the employer's discretion and expense.

\*\*Employee Acknowledgment \_\_\_\_\_ Dated \_\_\_\_\_