

OFFICE USE ONLY

Location			Other	
<input type="checkbox"/> Bemidji	<input type="checkbox"/> Corporate	<input type="checkbox"/> Ogema	Job Title(s)	
<input type="checkbox"/> Casa Grande	<input type="checkbox"/> Duluth	<input type="checkbox"/> St. Paul	Date of Hire (First Day of Training)	
<input type="checkbox"/> Cass Lake	<input type="checkbox"/> Gallup	<input type="checkbox"/> Waite Park	Rate of Pay	
<input type="checkbox"/> Cloquet/Nett Lake/ Fairmont	<input type="checkbox"/> Inver Grove Heights			
	<input type="checkbox"/> MPLS N /IV/ NSP			

APPLICATION FOR EMPLOYMENT

Applicants May Be Tested For Illegal Drugs

Name _____
Last First Middle

Any Alias Names? _____
Last First Middle

Date of Application ____/____/____ Social Security No. ____ - ____ - ____

Physical Address _____
Street Number

City State Zip County

Mailing Address _____
Street Number

City State Zip

Telephone (____) _____ Secondary Phone Number (____) _____

Are you related to anyone in the company? ___No ___Yes If yes, who? _____ Relationship _____

If under 18, please list age _____ Position applying for _____

What date are you available for work? ____/____/____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

List all hours you are available to work (please include evening hours):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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DO YOU HAVE A DRIVER'S LICENSE OR STATE ID? Yes No

What is your means of transportation to work? _____

Driver's license or State ID number:

_____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	YEARS COMPLETED	MAJOR / DEGREE
High School				
College				
Business or Trade School				
Professional School				

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Emergency Contact Name: _____ **Phone:** _____

Address _____ **Relationship** _____

	MILITARY STATUS	
<p>HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specialty _____ Date Entered _____ Discharge Date _____</p>		

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by HealthStar Home Health (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of HealthStar Home Health, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and HealthStar Home Health may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.