



JOB APPLICATION

GENERAL INFORMATION

NAME (FIRST, LAST, INITIAL):

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

BEST METHOD OF CONTACT: (CHECK ALL THAT APPLY)
[] PHONE [] EMAIL [] TEXT

HOW DID YOU HEAR ABOUT PEACE OF MIND?

HAVE YOU EVER BEEN EMPLOYED BY PEACE OF MIND? [] YES [] NO

IT IS REQUIRED BY ST. LOUIS COUNTY THAT ALL CAREGIVERS BE 18 YEARS OF AGE OR OLDER
ARE YOU 18 YEARS OF AGE OR OLDER? [] YES [] NO

DO YOU HAVE A VALID DRIVER'S LICENSE? [] YES [] NO
STATE OF DRIVER'S LICENSE _____ DRIVER'S LICENSE #: _____
IT IS REQUIRED THAT ALL EMPLOYEES HAVE A VALID DRIVER'S LICENSE TO TRANSPORT RESIDENTS IN COMPANY VEHICLES

POSITION APPLYING FOR OR INTERESTED IN:
[] DIRECT CARE STAFF/ CERTIFIED NURSING ASSISTANT (WORK @ ONE LOCATION)
[] DIRECT CARE FLOAT STAFF (WORK AT MORE THAN ONE LOCATION)
[] MANAGEMENT

DESIRED HOURS:
[] LESS THAN 20 HOURS / WEEK
[] 20-35 HOURS / WEEK
[] 36-40 HOURS / WEEK

SHIFTS ABLE TO WORK:
[] DAYTIME (7 AM - 3 PM) [] EVENING (3 OR 4 PM - 10 OR 11 PM) [] NIGHT (10 OR 11 PM - 7 OR 8 AM)

DATE AVAILABLE TO START TRAINING/WORKING?

DO YOU HAVE ANY LIMITATIONS AND/OR RESTRICTIONS THAT WOULD PREVENT YOU FROM PROVIDING CAREGIVING SERVICES?
[] NO [] YES IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL NAME:

TECHNICAL/VOCATIONAL SCHOOLS AND/OR COLLEGES ATTENDED AND DEGREES OBTAINED:

LIST ANY LICENSES, CERTIFICATIONS, OR REGISTRATIONS YOU HAVE APPLICABLE TO THE POSITION YOU ARE APPLYING:

CAREGIVING INTEREST

PEACE OF MIND DOES NOT REQUIRE TEAMMEMBERS TO HAVE PRIOR CAREGIVING EXPERIENCE.
EVERY APPLICANT SHOULD COMPLETE THE FOLLOWING QUESTIONS

WHY DO YOU WANT TO BE ON THE PEACE OF MIND TEAM?

WHAT DO YOU THINK ARE IMPORTANT QUALITIES OF A CAREGIVER?

WHY WOULD YOU BE A GOOD CAREGIVER AND PEACE OF MIND TEAM MEMBER?

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR: CURRENT EMPLOYER(S) [] YES [] NO PREVIOUS EMPLOYER(S) [] YES [] NO

ARE YOU ATTACHING A RESUME? [] YES, ATTACH AND SIGN LAST PAGE [] NO, COMPLETE WORK HISTORY ON NEXT PAGE

EMPLOYMENT HISTORY

TO BE COMPLETED BELOW IF YOU DO NOT HAVE AN ATTACHED RESUME. START WITH MOST RECENT.

NAME OF EMPLOYER:	
ADDRESS:	
SUPERVISOR:	PHONE NUMBER:
JOB TITLE:	CURRENT OR ENDING WAGE:
START DATE:	END DATE:
REASON FOR ENDING EMPLOYMENT:	
PLEASE GIVE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES:	

NAME OF EMPLOYER:	
ADDRESS:	
SUPERVISOR:	PHONE NUMBER:
JOB TITLE:	CURRENT OR ENDING WAGE:
START DATE:	END DATE:
REASON FOR ENDING EMPLOYMENT:	
PLEASE GIVE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES:	

NAME OF EMPLOYER:	
ADDRESS:	
SUPERVISOR:	PHONE NUMBER:
JOB TITLE:	CURRENT OR ENDING WAGE:
REASON FOR ENDING EMPLOYMENT:	
START DATE:	END DATE:
PLEASE GIVE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES:	

I AUTHORIZE THAT THE ABOVE STATED INFORMATION AND ANY ATTACHED INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND ABILITY.

APPLICANT'S SIGNATURE

____/____/____
DATE

PLEASE RETURN APPLICATION TO PEACE OF MIND BY MAIL, EMAIL, FAX, OR IN PERSON TO:
3416 EAST SUPERIOR STREET
DULUTH, MN 55804

PHONE: 218-576-7363 FAX: 218-724-4431

Like us on Facebook: www.facebook.com/peaceofmindduluth E-mail: applications@pomduluth.com

FOR PEACE OF MIND OF DULUTH, INC. USE

DATE APPLICATION RECEIVED: ____/____/____

NOTES:

