

Work history continued...

2. Employer Name & Position: _____
Supervisor Name & Phone Number: _____

May we contact? Yes No If No Explanation: _____

Primary Responsibilities: _____

Dates worked for this employer from: _____ to _____ Reason for leaving: _____

3. Employer Name & Position: _____
Supervisor Name & Phone Number: _____

May we contact? Yes No If No Explanation: _____

Primary Responsibilities: _____

Dates worked for this employer from: _____ to _____ Reason for leaving: _____

Please check off any skills that you have experience with. Circle any skills you do not wish to perform.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hoyer Lift Transfers | <input type="checkbox"/> Pivot Transfers | <input type="checkbox"/> Bowel Program | <input type="checkbox"/> Respiratory Assistance |
| <input type="checkbox"/> Bathing/Grooming | <input type="checkbox"/> Turning/Positioning | <input type="checkbox"/> Assistance w/Medication | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Cleaning Medical Equipment | <input type="checkbox"/> Meal Preparation/Assistance with Eating | <input type="checkbox"/> Tube Feeding | <input type="checkbox"/> Colostomy Care |
| <input type="checkbox"/> Catheter Care | <input type="checkbox"/> Assistance with Dressing/Undressing | <input type="checkbox"/> Person-Centered Supports | |
| <input type="checkbox"/> Enema's | <input type="checkbox"/> Range of Motion | | |
| <input type="checkbox"/> Independent Living Philosophy | | | |

BACKGROUND CHECKS: *Please answer each of the following:*

Are you able to provide proof that you are at least 18 years of age? Yes No

Are you legally authorized to work in the U.S and can provide verification? Yes No

Do you have a valid MN Driver's license or a current MN State ID? Yes No

Have you ever been accused of or charged with physical abuse, sexual abuse, neglect or exploitation of a vulnerable individual? No Yes, If Yes, *Explanation:* _____

Have you ever been convicted of a felony? No Yes,
If Yes, *Explanation:* _____

Are you using or dependent on mood-altering chemicals, including alcohol? No Yes,

If Yes, *Explanation:* _____

HAAS accepts applications from all applicants without regard to age, gender, disability, race, religion, marital status, national origin, political affiliation, veteran status, or any other status protected by law and employ qualified persons based on the availability of positions and preference of consumers needing employees.

AUTHORIZATIONS:

I authorize **HAAS** to contact any of my previous employers and any professional or academic references that I have given, and I authorize each of them to release to **HAAS** any information related to my position there. I also authorize **HAAS** to provide consumers seeking Personal Care Attendants with a copy of this application upon request, and to release information about my work history to the employers. I understand that **HAAS** has the right to suspend or remove me from employment as a Personal Care Attendant at any time with valid reason. I also understand that any false information provided on this application will be grounds for termination of employment.

Signature: _____ *Date:* _____

PCA APPLICANT AVAILABILITY:

My primary form of transportation is: Personal Vehicle Public Transportation Other

I am interested in providing on-call coverage No Yes

Indicate shift you are interested in for on call: Weekdays Weeknights Weekends Overnights

Please write in your earliest start and end times for each day. Start time signifies the time you arrive at the consumer's home.

Please be mindful of the time it will take you to commute when filling out this section.

I am available to start at: (Please write the starting time at the specified AM or PM)

Monday: _____AM _____PM

Friday: _____AM _____PM

Tuesday: _____AM _____PM

Saturday: _____AM _____PM

Wednesday: _____AM _____PM

Sunday: _____AM _____PM

Thursday: _____AM _____PM

Please send all completed application forms to:
Holistic Array of Authentic Services (HAAS)

Physical Office Address:

3300 County Road 10
Suite 208
Brooklyn Center, MN 55429

Mailing Address:

3813 51st Avenue North
Brooklyn Center,
MN 55429

Office: 651-756-8492, Cell Pone; 612-275-9063 / Fax: 651 - 305 - 7170

E-mail: haas@haascares.com / Web: www.haascares.com