Application for Employment

OFFICE USE ONLY					
Location:	☐ Bemidji	☐ Casa Grande	☐ Cass Lake	☐ Cloquet	**Job Title(s):**
	☐ Corporate	☐ Duluth	☐ Gallup	☐ IGH	**Date of Hire:**
	☐ Minnetonka	☐ Ogema	☐ Shiprock	☐ St. Paul	**Rate of Pay:**
	☐ Waite Park				

Personal Information

Last Name:	First Name:	Middle:
Position Applying For:		Date of Application:

Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:

Phone *(Primary)*:	Phone *(Secondary)*:	Email:

Emergency Contact Name:	
Phone:	Relationship:
Emergency Contact Name:	
Phone:	Relationship:

Are you related to anyone in the company? ☐ No ☐ Yes: Name: Relationship:

Have you previously worked for HealthStar or any of its initiatives? ☐ No ☐ Yes: When?

Are you legally authorized to work in the United States? ☐ Yes ☐ No	Are you at least 18 years of age? ☐ Yes ☐ No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? ☐ Yes ☐ No
(If hired, verification will be required consistent with federal law)

Have you signed, or otherwise agreed to, any non-solicitation, non-competition, or other similar agreement with any prior employer? ☐ Yes ☐ No

How were you referred to HealthStar Home Health?

Employment Information

Employment desired: *(check all that apply)* ☐ Full Time ☐ Part Time ☐ Per Diem	Desired Salary:

List all hours you are available to work (including weekend and evening hours):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Employment Information *(continued)*

Employment history:

Employer Name: _____ Start Date: _____ End Date: _____

Location: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Primary Responsibilities:

Employer Name: _____ Start Date: _____ End Date: _____

Location: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Primary Responsibilities:

Employer Name: _____ Start Date: _____ End Date: _____

Location: _____ Supervisor: _____

Job Title: _____ Reason for Leaving: _____

Primary Responsibilities:

Please add any additional information to describe your qualifications for the position you are applying to:

References:

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

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Education			
Type of School	**School Name/Location**	**Highest Level Completed**	**Course of Study/Major**
High School or Equivalent			
College or University			
Vocational or Trade School			
Graduate School			
Other *(include military training)*			

Please list any work certifications or licenses you currently possess:

Do you have reliable transportation to work? ☐ Yes ☐ No	Describe:

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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