

6000 Bass Lake Road Suite 213
Crystal, Minnesota 55429
Tel: (763) 205-3401
Fax: (763) 205-3142
Email: info@simachomecare.com
Website: www.simachomecare.com



418 Heritage Place
Faribault, Minnesota 55021
Tel: (507) 334-5504
Fax: (507) 334-5420
Email: info@simachomecare.com
Website: www.simachomecare.com

Quality Care for All Ages
Class A Licensed Home Care Agency

EMPLOYMENT APPLICATION



SIMAC PBS Inc. is proud to be an equal opportunity employer!
We appreciate your interest in employment with
SIMAC Professional Business Services Inc.

If hired, you will join our team of “*Quality Caregivers*” who are dedicated to providing the highest quality of care to all of our clients!

How did you hear about SIMAC Professional Business Services Inc.?

Newspaper Publication: _____

School or Organization: _____

Personal referral: _____

Other Source: _____

Name: _____ Today's Date: _____

SIMAC Professional Business Services Inc. is an Equal Opportunity Employer. We hire and promote without regard to race, color, sex, religion, workers' compensation history, marital or veteran status, age, sexual orientation, mental or physical disability, or any other reason prohibited by law. Please read carefully and clearly print your information below.

APPLICANT INFORMATION

First Name	Last Name	Middle Initial
Street Address	City	State Zip Code
Social Security Number	Date of Birth	Contact Number () -

Are you 18 years of age or older? Yes No

Are you a U.S. Citizen or National? Yes No

If no, are you legally eligible to work in the U.S.? Yes No If yes, can you submit verification of eligibility? Yes No

Can you perform the essential functions of the job for which you are applying for with or without reasonable accommodations? Yes No If no, describe the essential functions that you cannot perform:

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant for employment) Yes No If yes, please give particulars:

DESIRED POSITION

Position Applying For	Salary Requirements
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AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Begin time							
End time							

Are there any hours, days or shifts you cannot or will not work? Yes No

If yes, please list those hours, days or shifts: _____

EDUCATION

You may attach your resume, certificates, Licenses, and other materials you might want us to consider.

Do you have a High School Diploma or Equivalent? Yes No

Colleges/ Universities – Name and Location Years Attended Major Degree Received

_____ to _____

_____ to _____

_____ to _____

Other training/education – Name and Location Years Attended

_____ to _____

_____ to _____

EMPLOYMENT HISTORY

If you were employed under a different name, please give the name used.

Most recent Employer

Name of Company: _____ Dates employed: From _____ to _____

Company Address: _____

Yes No Are you currently working for this employer?

Yes No May we contact this employer?

Job Title: _____ Supervisors Name: _____ Phone: (____) _____

Starting salary: \$ _____ Final salary: \$ _____ Reason for leaving: _____

Description of duties: _____

Previous Employer

Name of Company: _____ Dates employed: From _____ to _____

Company Address: _____

Yes No Are you currently working for this employer?

Yes No May we contact this employer?

Job Title: _____ Supervisors Name: _____ Phone: (____) _____

Starting salary: \$ _____ Final salary: \$ _____ Reason for leaving: _____

Description of duties: _____

Previous Employer

Name of Company: _____ Dates employed: From _____ to _____

Company Address: _____

Yes No Are you currently working for this employer?
 Yes No May we contact this employer?

Job Title: _____ Supervisors Name: _____ Phone: (____) _____

Starting salary: \$ _____ Final salary: \$ _____ Reason for leaving: _____

Description of duties: _____

REFERENCES

Please list three people that are NOT related to you that we may contact. *(All three should be business related references)*

Name	Company	Telephone	Work relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S SIGNED STATEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in the dismissal at any time. I authorize the company to make an investigation concerning my background or any facts set forth in this application. I hereby release the Company, any agent appointed by the Company, and all their respective employees and employers from any liability related to or arising from the exchange of such information. **I understand that employment at this Company is "at will", which means that either the company or I can terminate the employment relationship at any time, with or without prior notice, and with or without cause. All employment is continued on that basis.**

Signature of Applicant: _____ Date: _____

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EQUAL OPPORTUNITY EMPLOYER

SIMAC Professional Business Services Inc. is an equal opportunity employer and we adhere to State and Federal regulations regarding affirmative action. We make every effort to ensure that all decisions regarding our applicants and employees are free of any illegal consideration of a person's ethnic background or protected class status.

Careful analysis of our recruitment and selection practices is an important part of our on-going effort to ensure that everyone has equal access to our employment opportunities. By supplying the information below, you help us get a more complete understanding of our applicants and the fairness of our selection methods.

Please keep in mind that this is optional. You are not obligated to complete this form. If you choose not to participate, it will **NOT** impact your application negatively.

EMPLOYEE INFORMATION

Name: _____

Contact Number: _____

Position Applied For: _____

Date: _____

ETHNICITY (Check one)

American Indian/ Alaska Native

Caucasian

Black/African American

Hispanic/Latino

Asian

Other

GENDER:

Male

Female

DISABILITY:

Yes

No

VETERAN:

Vietnam Vet

Special Disabled Vet

Other Vet

Discharged