



**Peaceful Care, LLC Home Care & Consulting  
Employment Application**

Please print legibly

Full Legal Name of Applicant: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City and County where you reside: \_\_\_\_\_

Your Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Cellphone: (     ) \_\_\_\_\_

You must provide your date of birth, Social Security Card, Minnesota Driver's License or Minnesota State I.D. to be considered for employment:

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**You must provide the following:**

Driver's License Number: \_\_\_\_\_ Issued: \_\_\_\_\_

Minnesota State I.D. Number: \_\_\_\_\_ Issued: \_\_\_\_\_

**In case of an emergency we must have an emergency contact person on record:**

Name and Relationship: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Revised 03.20.20

2415 Annapolis Lane North, Suite 130, Plymouth, MN 55441

Phone: 612-701-6094 Fax: 763-205-6574

Email address: [peacefulcare@hotmail.com](mailto:peacefulcare@hotmail.com) Website: [www.peacefulcare.com](http://www.peacefulcare.com)



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**Education**

**High School:**

Name of High School: \_\_\_\_\_ City & State \_\_\_\_\_

Years Attended: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

**College:**

Name of College: \_\_\_\_\_ City & State \_\_\_\_\_

Years Attended: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

**Additional Training:** (for example please list vocational or business schools and/or accreditations) \_\_\_\_\_

**Identified Areas of Interest:**

**Client and Family Care (please check the items below that applies to you):**

☐ Housekeeping ☐ Senior Companion ☐ PCA Cares ☐ Respite Care

**Non-Client Services or Skills:**

☐ Clerical ☐ Fundraising ☐ Mailings ☐ Event Planning ☐ Marketing ☐ Promotion

What position/s are you applying for? Please list: \_\_\_\_\_

Do you know a language other than English? ☐ Yes ☐ No If you can speak another language please list below:

Language: \_\_\_\_\_ ☐ Speak ☐ Read ☐ Write

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**Preference will be given to Veterans**

Are you a Veteran? ☐ Yes ☐ No

Do you possess any other special services, like, (manicurist, hairdresser, masseuse, first aid, CPR, etc.)? Please list:

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Do you have access to public transportation? ☐ Yes ☐ No

If you have a vehicle, are you willing to drive within 20 or more miles of your home?  
☐ Yes ☐ No

If you have a vehicle to drive, can you show proof of automobile insurance? ☐ Yes ☐ No

How did you hear about employment with Peaceful Care, LLC Home Care & Consulting Services? \_\_\_\_\_

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Are you under the age of 18? ☐ Yes ☐ No

**(If under age 18, hire is subject to verification of minimum legal age in the State of Minnesota)**

Are you referring a potential client? ☐ Yes ☐ No

If Yes, what is your relationship to this potential client? Please explain: \_\_\_\_\_

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Do you have any friends, relatives or acquaintances who work for Peaceful Care? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a crime, plead guilty to any crime in any jurisdiction or other state, other than a minor traffic offense? ☐ Yes ☐ No, if Yes, please explain below:



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Do you have dependable transportation to get to assigned client? [ ☐ ] Yes [ ☐ ] No

Are you able to perform the essential functions of the job for which you are applying without reasonable accommodation? [ ☐ ] Yes [ ☐ ] No

If Yes, describe the functions that **cannot** be performed. Do you need reasonable accommodations? Please be specific: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

**Most current Name of Employer, address, city, state, zip:**

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Phone Number: (    ) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

May we contact your current employer? [    ] Yes [    ] No

Employer Phone Number: (    ) \_\_\_\_\_

Salary: \_\_\_\_\_

Employer Name, Address, City, State, Zip: \_\_\_\_\_

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Employer Phone Number: (    ) \_\_\_\_\_

Position or Title: \_\_\_\_\_

Why did you leave?

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**VOLUNTEER WORK**

Have you ever worked in a volunteer capacity? [    ] Yes [    ] No, if Yes, what type of volunteer work, where and what did you do?

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What qualities (skills, talents, knowledge and experience) do you feel you can integrate into In-Home work? Please explain:

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What days are you available to work (please indicate by circling **only** those days you are available):

Sundays   Mondays   Tuesdays   Wednesdays   Thursdays   Fridays   Saturdays



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**CODE OF ETHICS FOR EMPLOYEES**

As an employee of Peaceful Care, LLC Home Care & Consulting Services, I realize that I am subject to a code of ethics similar to which binds the professional in the field in which I work. I would like to assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting Peaceful Care, LLC Home Care & Consulting Services, is strictly confidential and in accordance to the Data Privacy Act of 1974, including the employment application process.

If and when I am accepted as an employee, I expect to do my work according to the standards set forth in the Personnel Policies and Procedures Employee Handbook of Peaceful Care, LLC Home Care & Consulting Services.

**DECLARATION**

I hereby certify that the statement made on this employment application are true, correct and to the best of my knowledge. I understand that by submitting this employment application, I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as an employee. I understand That I will undergo a criminal background check paid for and by Peaceful Care, LLC Home Care & Consulting Services. I affirm that I have read the employee Code of Ethics and agree to abide by its regulations as set forth by the Minnesota Department of Human Services (DHS). I agree to respect the confidentiality of any Client information that I may acquire during the course of my employment activities with Peaceful Care, LLC Home Care & Consulting Services.

**SIGNATURE PAGE**

\_\_\_\_\_  
Applicant's Legal Signature

\_\_\_\_\_  
Date Signed

Please Note: If applying online, please type in your name below and date:

\_\_\_\_\_





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Submitted \_\_\_\_\_ Type or Written Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Staff Comments (only): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Peaceful Care, LLC Home Care & Consulting Services, does not discriminate in employment opportunities or practices. All employment related decisions are made without regard to race, color, religion, sex, pregnancy, age, national origin, public assistance, sexual orientation, ancestry, physical or mental handicap, marital status, unfavorable discharge from military service, membership or activity in a local commission, or any other illegal basis under applicable equal opportunity laws.

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