



601 Village Drive, Marshall, MN 56258
(507) 532-3834 FAX (507) 537-2488



604 Village Drive, Marshall, MN 56258
(507) 929-1234



601 Village Drive, Marshall, MN 56258
(507) 537-2412 FAX (507) 537-2430

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Date of Application: _____

Position Desired: _____ Building: ☐ Boulder Estates ☐ Boulder Creek

NAME: _____
First Middle Last

ADDRESS: _____
Street City State Zip Code

TELEPHONE: Cell: _____ Home: _____

When would you be able to start work? _____

Referral Source: (check one) ☐ Advertisement ☐ Employment Agency
☐ Friend/Relative ☐ Other: _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Have you ever been employed by Boulder Estates and/or Stepping Stone Home Care? ☐ Yes ☐ No

If Yes, Employment Date(s): _____ Position(s): _____

Do you have any relatives that work or have worked for Boulder Estates and/or SSHHC? ☐ Yes ☐ No

If Yes, please list the name(s), position and dates of employment: _____

EDUCATIONAL BACKGROUND

	Name & Location of School	Years Completed	Did You Graduate?	Type of Diploma or Degree
High School/GED		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Vocational		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(OVER)

EMPLOYMENT HISTORY (Starting with the most recent)

Present/Last Employer: _____ Job Title: _____
Address: _____ Dates of Employment: _____
Street City State From To
Supervisor's Name & Title: _____ Telephone Number _____
Duties performed at job: _____
Reason(s) For Leaving: _____

Previous Employer: _____ Job Title: _____
Address: _____ Dates of Employment: _____
Street City State From To
Supervisor's Name & Title: _____ Telephone Number _____
Duties performed at job: _____
Reason(s) For Leaving: _____

Previous Employer: _____ Job Title: _____
Address: _____ Dates of Employment: _____
Street City State From To
Supervisor's Name & Title: _____ Telephone Number _____
Duties performed at job: _____
Reason(s) For Leaving: _____

SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

REFERENCES

Name	Relationship to Applicant	Telephone Number	Years Known
		()	
		()	
		()	

The information provided in the application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature of Applicant

Date



601 Village Drive, Marshall, MN 56258
(507) 532-3834 FAX (507) 537-2488



604 Village Drive, Marshall, MN 56258
(507) 929-1234



601 Village Drive, Marshall, MN 56258
(507) 537-2412 FAX (507) 537-2430

REFERENCE INFORMATION RELEASE FORM

To whom it may concern:

I authorize Boulder Estates/Boulder Creek/Stepping Stone Home Health Care to contact any individual or organization listed on my application or resume. And I hereby request and authorize the release of information from my records to Boulder Estates/Boulder Creek/Stepping Stone Home Health Care.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

I hereby agree not to file or pursue any complaints, claims or legal actions against any organization or individual that provides work-related information about me to Boulder Estates/Boulder Creek/Stepping Stone Home Health Care. I also agree not to file or pursue any complaints, claims or legal actions against Boulder Estates/Boulder Creek/Stepping Stone Home Health Care or any of its employees arising out of their efforts to obtain work-related information about me.

Please check one:

- ☐ This release does apply to my current employer
- ☐ This release does not apply to my current employer

Print Name: _____
First Middle Last

Signature: _____ Date: _____