



Name:  
Position:  
Date:

## **APPLICATION FOR EMPLOYMENT**

### **Catholic Eldercare Communities**

*Catholic Eldercare is an Affirmative Action/Equal Opportunity Employer*

Nursing Home and Administrative Offices:  
817 Main Street NE  
Minneapolis, MN 55413  
612 379-1370

Note: Applicant signature is required on back side of application  
Incomplete and/or unsigned applications will not be considered

Please mark your location preference, check all that apply:

Catholic Eldercare on Main, Long Term Care & Adult Day Program  
MainStreet Lodge, Assisted Living, 909 Main Street NE, Minneapolis, MN 55413  
RiverVillage, 2919 Randolph Street NE, Minneapolis, MN 55418  
- Independent & Assisted Living

Note: Due to the high volume of applications received we are unable to acknowledge receipt of your completed application. If interested, the hiring coordinator will contact you to schedule an interview.





**PERSONAL DATA** (Please Print)

Name: Last First Middle

Current Address: Street Number Home Phone Number  
City, State & Zip Code Cell Phone Number

Is there any other name, other than the one stated above, by which you can be identified by previous employers or educational institutions? Yes No If yes, state name:

Have you ever been convicted of a felony, misdemeanor or been imprisoned during the last seven years? Yes No Answering yes will not automatically disqualify you from employment.

Do you have proper documentation to work in the United States? Yes No

**JOB INTEREST**

Position applying for: Have you ever been employed by Catholic Eldercare? Yes No

If so, when and what position?

Have you ever applied for employment at Catholic Eldercare? Yes No If yes, what position & date(s):

Names and relationships of relatives employed at Catholic Eldercare: Who referred you?

Are you applying for: What shifts will you work? Expected pay:  
Full time Part time On call Days Evenings Nights

**EDUCATION RECORD**

Name & Location of School(s) Attended	Major Course of Study	Number of Years Completed	Did you graduate?	
Professional License/Registration	Year	Expiration Date	State:	Number:

List professional and other organizations to which you belong, other than religious, social or political, that you feel would be useful to us in evaluating your possibilities for employment:



**Employment Record** (complete this page even if attaching a resume)

Please list all jobs and companies you have worked for in the last five years, longer if previous employment is related to position being applied for. Begin with present or most recent employer.

<b>1. PRESENT OR MOST RECENT EMPLOYER:</b>		Address, City & State:		Area Code & Telephone Number:
Your Position:	Last Supervisor:	Dates Employed:	Starting Salary:	Ending Salary:
Description of Work Performed:				
Reason for Leaving:				
<b>2. NEXT PREVIOUS EMPLOYER:</b>		Address, City & State:		Area Code & Telephone Number:
Your Position:	Last Supervisor:	Dates Employed:	Starting Salary:	Ending Salary:
Description of Work Performed:				
Reason for Leaving:				
<b>3. NEXT PREVIOUS EMPLOYER:</b>		Address, City & State:		Area Code & Telephone Number:
Your Position:	Last Supervisor:	Dates Employed:	Starting Salary:	Ending Salary:
Description of Work Performed:				
Reason for Leaving:				
<b>4. NEXT PREVIOUS EMPLOYER: :</b>		Address, City & State:		Area Code & Telephone Number:
Your Position:	Last Supervisor:	Dates Employed:	Starting Salary:	Ending Salary:
Description of Work Performed:				
Reason for Leaving:				

Have you ever been discharged or asked to resign from a position? Yes No

If yes, explain:

If presently employed, may we contact your present employer? Yes No

If no, explain:





Describe any work, volunteer or personal experience that may help you qualify for this position.

**REFERENCES:** List three references below that can verify your past job performance for the position that you are applying for at Catholic Eldercare. They must be people you worked for or with. Do not list family or friends as references.

Name	Relationship	Area Code & Phone Number	Years Known

Please read the following statement carefully and sign below.

I understand that any omission or misrepresentation of information provided by me on this application will be considered falsification of my work history and will result in refusal or termination of employment. I hereby authorize a representative of Catholic Eldercare, Inc. to contact any and all former employers, schools, personal references and any other organizations named on this application, concerning relevant information which may be required to determine my suitability for employment. Therefore, I authorize my previous employers or other persons having information concerning me or my record to report such information to Catholic Eldercare, Inc. I understand I may be the subject of an investigate report and I hereby authorize Catholic Eldercare, Inc. to obtain from any local, state or federal law enforcement agency any necessary information to complete this investigation. I also understand that any offer of employment is contingent upon my physical and mental ability to perform the essential functions of the job for which I am applying.

I further understand that any offer of employment does not constitute a contract for any definite period of time. I have the right to terminate my employment at any time for any reason, and Catholic Eldercare, Inc. retains a similar right to terminate my employment at any time for any reason. I understand that this application will be actively considered for a period of twelve months following the date of application.

I hereby acknowledge that I have read and understand the above and hereby certify that the facts I have provided in my employment application are true and complete.

By checking the digital signature box, you are authorizing Catholic Eldercare to process this Application For Employment for employment consideration. You agree that all information present in this Application For Employment is factual and you agree to allow Catholic Eldercare to process this application in accordance with applicable rules. An actual signature may be required in person for future employment consideration and you will be contacted by Catholic Eldercare if this is the case.

Digital Signature

Catholic Eldercare, Inc. is an equal opportunity and affirmative action employer. No person shall be discriminated against in employment on the basis of protected classification (race, creed, color, gender, national origin, age, marital status, family status, religion, status with regard to public assistance, disability or sexual orientation, membership on a local human rights or sexual orientation) or any other status or condition protected by applicable State and/or Federal laws, except where a bona fide occupational qualification applies.



Catholic Eldercare, Inc.  
817 Main Street NE  
Minneapolis MN 55413

An Equal Opportunity, Affirmative Action Employer

### Applicant Survey Form

\_\_\_\_\_  
**Last name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Initial(s)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Positions(s) for which you are applying**

#### Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. \* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

#### Race/Ethnicity – Select one or more

- AI/AN: American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- A: Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- B: Black or African American: A person having origins in any of the black racial groups of Africa.
- H: Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- NH/OP: Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### Disability - Are you a person with a disability?

- Yes
- No

#### Sex – Select one

- Female
- Male

- **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.