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| APPLICANT INFORMATION   |  |    |                              |                             |   |                             |              |                              |                             |
|---|--|----|------------------------------|-----------------------------|---|-----------------------------|--------------|------------------------------|-----------------------------|
| LAST NAME   |  |    | FIRST                        |                             | MIDDLE  |                             |              | DATE                         |                             |
| STREET ADDRESS  |  |    |                              |                             |   |                             | APT/UNIT#    |                              |                             |
| CITY  |  |    | STATE                        |                             |   | ZIP                         |              |                              |                             |
| PHONE   |  |    |                              |                             | CELL PHONE  |                             |              |                              |                             |
| EMAIL ADDRESS   |  |    |                              |                             |   |                             |              |                              |                             |
| DATE AVAILABLE  |  |    |                              |                             | PCA CHOICE/CLIENTS NAME<br>RELATIONSHIP TO CLIENT |                             |              |                              |                             |
| POSITION APPLIED FOR  |  |    |                              |                             |   |                             |              |                              |                             |
| ARE YOU A CITIZEN OF THE UNITED STATES?   |  |    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?    |                             |              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HAVE YOU EVER WORKED FOR THIS COMPANY?  |  |    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | IF SO, WHEN?                                      |                             |              |                              |                             |
| DO YOU RECEIVE PCA SERVICES?  |  |    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | DO YOU WORK FOR ANOTHER PCA AGENCY?               |                             |              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NAME OF AGENCY:   |  |    |                              |                             |   |                             |              |                              |                             |
| EDUCATION   |  |    |                              |                             |   |                             |              |                              |                             |
| HIGH SCHOOL   |  |    |                              |                             | ADDRESS   |                             |              |                              |                             |
| FROM  |  | TO |                              | DID YOU GRADUATE            | <input type="checkbox"/> Yes                      | <input type="checkbox"/> No | DIPLOMA/GED  |                              |                             |
| COLLEGE   |  |    |                              |                             | ADDRESS   |                             |              |                              |                             |
| FROM  |  | TO |                              | DID YOU GRADUATE            | <input type="checkbox"/> Yes                      | <input type="checkbox"/> No | DEGREE       |                              |                             |
| PREVIOUS EMPLOYMENT   |  |    |                              |                             |   |                             |              |                              |                             |
| COMPANY   |  |    |                              |                             | PHONE (    )                                      |                             |              |                              |                             |
| ADDRESS   |  |    |                              |                             | SUPERVISOR  |                             |              |                              |                             |
| JOB TITLE   |  |    |                              |                             |   |                             |              |                              |                             |
| FROM  |  | TO |                              | REASON FOR LEAVING          |   |                             |              |                              |                             |
| COMPANY   |  |    |                              |                             | PHONE (    )                                      |                             |              |                              |                             |
| ADDRESS   |  |    |                              |                             | SUPERVISOR  |                             |              |                              |                             |
| JOB TITLE   |  |    |                              |                             |   |                             |              |                              |                             |
| FROM  |  | TO |                              | REASON FOR LEAVING          |   |                             |              |                              |                             |
| I AM ABLE TO PERFORM THE DUTIES REQUIRED FOR A PCA POSITION?  |  |    |                              |                             |   |                             |              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IN CASE OF AN EMERGENCY, NOTIFY   |  |    |                              |                             |   |                             | PHONE NUMBER |                              |                             |
| DISCLAIMER AND SIGNATURE  |  |    |                              |                             |   |                             |              |                              |                             |
| I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, IF ANY OF THE INFORMATION ON THIS APPLICATION CHANGES IT IS MY RESPONSIBILITY TO NOTIFY ANENEUS FOR CARE, INC. BY SIGNING THIS APPLICATION, I UNDERSTAND THAT IF I AM HIRED BY AVENUES FOR CARE, INC. AND THE RESPONSIBLE PARTY, I WILL BE AN EMPLOYEE AT WILL. THIS MEANS THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME AT THE OPTION OF AVENUES FOR CARE, INC. AND THE RESPONSIBLE PARTY, OR MYSELF. HOURS ARE NOT GUARANTEED. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY. I HEREBY AUTHORIZE YOU TO SUBMIT A BACKGROUND STUDY TO THE MINNESOTA DEPARTMENT OF HUMAN SERVICES. I UNDERSTAND THAT A BACKGROUND STUDY DISQUALIFICATION BY DHS WILL BE GROUNDS FOR IMMEDIATE TERMINATION. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE. |  |    |                              |                             |   |                             |              |                              |                             |
| SIGNATURE   |  |    |                              |                             |   |                             | DATE         |                              |                             |