

## **Welcome to Boston Health Care Systems, Inc.!!**

**Important! Please read before completing the application. We are glad that you are interested in working with us and we thank you for wanting to apply. Before you complete this application, please take a few minutes to review the following information. It may help you decide whether or not you are truly interested in working with us.**

We are the best Company you could work for. Please complete this application only if *every one* of the following applies to you:

- 1. You don't complain about the small stuff. You offer well thought-out caring ideas for things that matter.***
- 2. You have a great sense of humor.***
- 3. You really do value hard work.***
- 4. You take responsibility for your own behavior.***
- 5. Kindness is more than a word to you.***
- 6. Truthfulness and Honesty are among the highest on your list of things that matter to you.***
- 7. You care about the world around you.***

Now that you have read it once, we really do want you to read it again and sign below to show you have. This time we want you to think about each number as it stands alone. Take your time. We like you being here in our office.

We're not perfect. We don't expect you to be. We have found, however, that persons falling short in the above areas don't do well in our Company. So please think before you complete this application. If after careful consideration you choose to fill it out, we really can't wait to meet you.

After completing, please return this application to the receptionist at the main office or mail it to 1865 Old Hudson Road, St. Paul, MN 55119. Your application will be reviewed and you will be contacted by the Human Resource Department within 2 weeks of returning the completed application.

---

Print Name

---

Signature

---

Date

Date: \_\_\_\_\_

The information on this page will be used only for our Employee Referral Bonus Program. This information will not affect your status as an applicant in any way.

1. What is your name? \_\_\_\_\_

2. Did any employee of this company refer you to make an application with us? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. If your answer is yes, please indicate the name of the employee who referred you:

\_\_\_\_\_  
Employee Name



**Dear Applicant: The completion of this survey is voluntary and your and your refusal to provide information will not have a negative effect on your status as an applicant. This survey will be removed before giving this application to the interviewing staff.**

### **Affirmative Action Survey**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, marital status, national origin, ancestry, age, disability, status as a disabled or Vietnam veteran, status with regard to public assistance, or affectional preference.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

To assist with government record-keeping, reporting and other legal requirements, please fill out the **Affirmative Action Survey**.

Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant.

**Please print all information.**

|                   |        |        |                                 |     |  |
|-------------------|--------|--------|---------------------------------|-----|--|
| <b>Name:</b>      |        |        | <b>Date Applied:</b>            |     |  |
| _____             | _____  | _____  |                                 |     |  |
| Last              | First  | Middle |                                 |     |  |
| <b>Address:</b>   |        |        |                                 |     |  |
| _____             |        |        |                                 |     |  |
| Number            | Street | City   | State                           | Zip |  |
| <b>Telephone:</b> |        |        | <b>Position(s) applied for:</b> |     |  |

|   |  |
|---|--|
| <p><b>Referral Source:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employment Agency</li> <li><input type="checkbox"/> Job Services</li> <li><input type="checkbox"/> Employee Referral</li> <li><input type="checkbox"/> Walk-in</li> <li><input type="checkbox"/> Re-hire</li> <li><input type="checkbox"/> Community Agency</li> <li><input type="checkbox"/> College Relations</li> <li><input type="checkbox"/> Newspaper Ad<br/>Name of Paper _____</li> <li><input type="checkbox"/> Other: _____</li> </ul> | <p><b>Race/Ethnic Group:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Black/African American</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Hispanic</li> <li><input type="checkbox"/> Native American/Alaskan Native</li> <li><input type="checkbox"/> Asian/Pacific Islander</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
| <p><b>Sex:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Female</li> <li><input type="checkbox"/> Male</li> </ul>   | <p><b>Check if any of the following apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vietnam-Era Veteran</li> <li><input type="checkbox"/> Disabled Veteran</li> <li><input type="checkbox"/> Disabled Individual</li> </ul>   |

**WE ARE REQUIRED TO DO A BUREAU OF CRIMINAL APPREHENSION BACKGROUND CHECK ON EVERY PERSON TO WHOM WE OFFER EMPLOYMENT. ALL NEW EMPLOYEES MUST COMPLETE THE FORM WHICH FOLLOWS. A DETAILED BACKGROUND CHECK WILL FOLLOW.**

**DO NOT COMPLETE THE EMPLOYEE SCREENING FORM AT THIS TIME, BUT BE SURE TO REVIEW IT CAREFULLY. BE AWARE THAT YOU WILL BE REQUIRED TO COMPLETE THIS FORM AND UNDERGO THE ABOVE-MENTIONED BACKGROUND CHECK IF YOU ARE OFFERED EMPLOYMENT.**

**EMPLOYEE SCREENING FORM – ADULT FOSTER HOMES**

**THIS FORM IS TO BE USED BY INDIVIDUALS, CORPORATIONS, PARTNERSHIPS, OR GOVERNMENTAL UNITS TO SCREEN EMPLOYEES FOR QUALIFICATION STANDARDS REQUIRED FOR LICENSED ADULT FOSTER HOMES. (9555.6125 Sup 4)**

**CRIMINAL HISTORY EVALUATION:**

EACH APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS:

**YES**

**NO**

Are you willing to disclose your arrest, conviction, and criminal history?

\_\_\_\_\_

Do you have a conviction of, or are you awaiting trial for, or do you admit to any of the following crimes?

\_\_\_\_\_

Possession, use, sale, manufacture, and or distribution of illegal drugs and simulated illegal drugs (M.S. sections 152.09, 152.096, 152.097).

\_\_\_\_\_

Murder, Manslaughter, aiding a person in a suicide, or attempted suicide (M.S. sections 609.185 to 609.215).

\_\_\_\_\_

Assault, harm caused by a dog, mistreatment of residents or patients, mistreatment of persons confined, use of drugs to injure or facilitate crime, robbery, kidnapping, false imprisonment, depriving another of custodial or parental rights, or abduction (M.S. section 609.221 to 609.265).

\_\_\_\_\_

Coercion, attempt to coerce, interfering with religious observance, sodomy, bestiality, leaving the state to evade establishment of paternity, prostitution and related offences or criminal sexual conduct (M.S. sections 609.27 to 609.345).

\_\_\_\_\_

Incest, malicious punishment of a child or neglect of a child (M.S. sections 609.365, 609.377, and 609.378).

\_\_\_\_\_

Theft, possession of shoplifting gear, bringing stolen goods into the state, receiving stolen property, embezzlement of public funds, or rustling and livestock theft (M.S. sections 609.52, 609.521, 609.525, 609.54, 609.551, and 609.821).

\_\_\_\_\_

Arson, burglary, or possession of burglary tools (M.S. sections 609.561 to 609.563, 609.582, and 609.59).

\_\_\_\_\_

Forgery or aggravated forgery (M.S. sections 609.625 to 609.63).

\_\_\_\_\_

Adulteration, riot, or terrorist threats (M.S. sections 609.687, 609.71, and 609.713).

\_\_\_\_\_

Indecent exposure or use of minors in sexual performances (M.S. sections 617.23 and 617.246).

\_\_\_\_\_

Have you ever been convicted of, charged with, or the subject of an investigation for, or do you admit to abusing or neglecting an adult or child (M.S. sections 626.556 and 626.557)?

\_\_\_\_\_

Have you had your parental right involuntarily terminated within the past five years (M.S. section 260.221, paragraph b)?

\_\_\_\_\_

# BOSTON HEALTH CARE SYSTEMS, INC.

## APPLICATION FOR EMPLOYMENT

*AN EQUAL OPPORTUNITY EMPLOYER*

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.**

***Please fill out the application completely.  
Incomplete applications will not be considered.***

|   |                   |  |   |
|---|-------------------|--|---|
| Date:   | Social Security # | Telephone #  |   |
| Last Name:  |                   | First Name:  | Middle Name:                                  |
| Local Street Address:   |                   | City:  | State:      Zip:                              |
| Permanent Address – if different from above:  |                   |  |   |
| Specific Position for which you are applying:   |                   | Number of years of <u>related</u> experience:<br>_____ Years      _____ Months   |   |
| Have you ever filed an application with Boston Health Care Systems, Inc. before?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give date: _____ |                   |  |   |
| Have you ever been employed with Boston Health Care Systems, Inc. before?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, give dates: _____       |                   |  |   |
| Are you currently employed?<br>No <input type="checkbox"/> Yes <input type="checkbox"/>   |                   | Are you related to anyone currently employed at Boston Health Care Systems, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, who? _____<br>How are you related? _____ |   |
| Are you available:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part - time<br><input type="checkbox"/> Temporary <input type="checkbox"/> Fill-in  |                   | Would you like to be considered for the following positions?<br><input type="checkbox"/> Live-in<br><input type="checkbox"/> Sleepover   | On what date would you be available for work? |

**Have you ever been convicted of a violation of the Minnesota Vulnerable Adults Act?**  
Yes       No

## EDUCATION

**I understand that I may be asked to furnish verification of my education if requested.**

|                                   |   |                               |
|-----------------------------------|---|-------------------------------|
| <b>High School</b> Name/Location: | Highest Grade Completed:<br>9    10    11    12 | Circle One:<br>GED    Diploma |
|-----------------------------------|---|-------------------------------|

|  |   |
|--|---|
| <b>Undergraduate College/University</b> Name/Location: | Highest Grade Completed:<br>1    2    3    4                                  |
| Describe course of study and degree title:             | Degree completed:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |   |
|--|---|
| <b>Graduate or Professional</b> Name/Location: | Degree completed:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Degree Title:                                  |   |

|  |
|--|
| <b>Describe any specialized training, apprenticeship skills and job-related extra-curricular activities:</b> |
| <b>Describe any honors that you have received:</b>   |

|   |
|---|
| <b>If applying for an Office Position, please answer the following:</b> |
| 1. Give speed of: Typing wpm _____ Dictation wpm _____                  |
| 2. List office machines you can operate: _____                          |

|  |
|--|
| <b>Summarize special job-related skills and qualifications acquired from employment or other experience:</b> |
|--|

|  |
|--|
| <b>The next page lists employment experience, please explain any and all gaps in your employment of more than thirty (30) days in the past five years:</b> |
|--|

# EMPLOYMENT EXPERIENCE

Please list all work experience. List the ***MOST*** recent employment experience first. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, veterans status or other protected status.

|                                |                                      |                            |  |
|--------------------------------|--------------------------------------|----------------------------|--|
| <b>Dates:</b> From:<br><br>To: | <b>Name and Address of Employer:</b> |                            |  |
| <b>Job Title and Duties:</b>   | <b>Supervisor's Name:</b>            | <b>Reason for Leaving:</b> |  |

|                                |                                      |                            |  |
|--------------------------------|--------------------------------------|----------------------------|--|
| <b>Dates:</b> From:<br><br>To: | <b>Name and Address of Employer:</b> |                            |  |
| <b>Job Title and Duties:</b>   | <b>Supervisor's Name:</b>            | <b>Reason for Leaving:</b> |  |

|                                |                                      |                            |  |
|--------------------------------|--------------------------------------|----------------------------|--|
| <b>Dates:</b> From:<br><br>To: | <b>Name and Address of Employer:</b> |                            |  |
| <b>Job Title and Duties:</b>   | <b>Supervisor's Name:</b>            | <b>Reason for Leaving:</b> |  |

|                                |                                      |                            |  |
|--------------------------------|--------------------------------------|----------------------------|--|
| <b>Dates:</b> From:<br><br>To: | <b>Name and Address of Employer:</b> |                            |  |
| <b>Job Title and Duties:</b>   | <b>Supervisor's Name:</b>            | <b>Reason for Leaving:</b> |  |

|                                |                                      |                            |  |
|--------------------------------|--------------------------------------|----------------------------|--|
| <b>Dates:</b> From:<br><br>To: | <b>Name and Address of Employer:</b> |                            |  |
| <b>Job Title and Duties:</b>   | <b>Supervisor's Name:</b>            | <b>Reason for Leaving:</b> |  |

**If you need additional space, please continue on a separate sheet of paper.**

**I HERBY AUTHORIZE BOSTON HEALTH CARE SYSTEMS, INC. TO CONTACT ANY OF MY CURRENT OR FORMER EMPLOYERS UNLESS SPECIFIED HERE. I GIVE MY PERMISSION TO SECURE ANY AND ALL INFORMATION IT MAY REQUEST CONCERNING MY EMPLOYMENT.**

**DO NOT CONTACT THE FOLLOWING EMPLOYER(S):**

| <b>Employer Name:</b> | <b>Reason for no contact:</b> |
|-----------------------|-------------------------------|
|                       |                               |
|                       |                               |

**I understand that if I am offered a position with Boston Health Care Systems, Inc., I may be required to maintain a valid driver's license and automobile insurance, and that the failure to do so may result in the loss of my job.**

**In the event that I am offered employment with Boston Health Care Systems, Inc. I agree to conform to the rules and regulations of the company, which reserves the right to unilaterally abolish or modify personnel policies or company rules without prior notice. I also understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. Remuneration is to be paid only for services rendered to the time of my discontinuance (the foregoing being subject to statutory restrictions, if any). I understand that no employee or representative of the company, other than the company president, has any authority to enter into any agreement of employment for any specified period of time or to make any agreement contrary to the foregoing.**

**I affirm that all information in this application is true and complete and that any misrepresentation, qualification or willful omission, as well as violation of company policies, rules and regulations, shall be sufficient action for my dismissal from or refusal of employment.**

**I understand that my application will remain active for 45 days from the date received by Boston Health Care Systems, Inc. If I wish to be considered for employment after 45 days, I must contact the company after such period.**

\_\_\_\_\_  
**Applicant Signature**

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