



JOB APPLICATION

GENERAL INFORMATION

NAME (FIRST, LAST, INITIAL):

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

BEST METHOD OF CONTACT: (CHECK ALL THAT APPLY)

PHONE

EMAIL

TEXT

HOW DID YOU HEAR ABOUT PEACE OF MIND?

HAVE YOU EVER BEEN EMPLOYED BY PEACE OF MIND? YES NO

IT IS REQUIRED BY ST. LOUIS COUNTY THAT ALL CAREGIVERS BE 18 YEARS OF AGE OR OLDER

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

(IT IS REQUIRED BY PEACE OF MIND OF DULUTH, INC. THAT ALL EMPLOYEES HAVE A VALID DRIVER'S LICENSE TO TRANSPORT RESIDENTS IN COMPANY VEHICLES.)

POSITION APPLYING FOR OR INTERESTED IN:

DIRECT CARE STAFF/ CERTIFIED NURSING ASSISTANT

FLOAT STAFF (DIRECT CARE)

MANAGEMENT

NURSING (RN)

DESIRED HOURS:

LESS THAN 20 HOURS / WEEK

20-35 HOURS / WEEK

36-40 HOURS / WEEK

SHIFTS ABLE TO WORK:

DAYTIME (7 AM - 3 PM) EVENING (3 OR 4 PM - 10 OR 11 PM) NIGHT (10 OR 11 PM - 7 OR 8 AM)

DATE AVAILABLE TO START TRAINING/WORKING?

DO YOU HAVE ANY LIMITATIONS AND/OR RESTRICTIONS THAT WOULD PREVENT YOU FROM PROVIDING CAREGIVING SERVICES? NO YES IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL NAME:

TECHNICAL/VOCATIONAL SCHOOLS AND/OR COLLEGES ATTENDED AND DEGREES OBTAINED:

LIST ANY LICENSES, CERTIFICATIONS, OR REGISTRATIONS YOU HAVE APPLICABLE TO THE POSITION YOU ARE APPLYING:

CAREGIVING INTEREST

PEACE OF MIND DOES NOT REQUIRE TEAMMEMBERS TO HAVE PRIOR CAREGIVING EXPERIENCE.
EVERY APPLICANT SHOULD COMPLETE THE FOLLOWING QUESTIONS

WHY DO YOU WANT TO BE ON THE PEACE OF MIND TEAM?

WHAT DO YOU THINK ARE IMPORTANT QUALITIES OF A CAREGIVER?

WHY WOULD YOU BE A GOOD CAREGIVER AND PEACE OF MIND TEAM MEMBER?

EMPLOYMENT HISTORY
(START WITH MOST RECENT EMPLOYMENT)

NAME OF EMPLOYER:	
ADDRESS:	
SUPERVISOR:	PHONE NUMBER:
JOB TITLE:	CURRENT OR ENDING WAGE:
START DATE:	END DATE:
REASON FOR ENDING EMPLOYMENT:	
PLEASE GIVE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES:	

NAME OF EMPLOYER:	
ADDRESS:	
SUPERVISOR:	PHONE NUMBER:
JOB TITLE:	CURRENT OR ENDING WAGE:
START DATE:	END DATE:
REASON FOR ENDING EMPLOYMENT:	
PLEASE GIVE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES:	

NAME OF EMPLOYER:	
ADDRESS:	
SUPERVISOR:	PHONE NUMBER:
JOB TITLE:	CURRENT OR ENDING WAGE:
REASON FOR ENDING EMPLOYMENT:	
START DATE:	END DATE:
PLEASE GIVE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES:	

PLEASE ATTACH ANY ADDITIONAL EMPLOYMENT HISTORY

I AUTHORIZE THAT THE ABOVE STATED INFORMATION AND ANY ATTACHED INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND ABILITY.

APPLICANT'S SIGNATURE

DATE

PLEASE RETURN APPLICATION TO PEACE OF MIND BY MAIL, FAX, OR IN PERSON TO:
3416 EAST SUPERIOR STREET
DULUTH, MN 55804
OFFICE: 218-728-3018 SUPERIOR STREET HOUSE: 218-728-3008 FAX: 218-724-4431
www.facebook.com/peaceofmindduluth