



Household & Outside Maintenance for Elderly Program Application

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

Street & Apt #
City
State
Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Referred By: _____

Can you work legally in the United States? Yes No

SKILLS AND AVAILABILITY

Position Applying For: _____ Date You Can Start: _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Please list your current and prior work experience:

DATES (MONTH/YEAR)	COMPANY NAME AND LOCATION	PHONE	POSITION/SALARY	REASON FOR LEAVING

I have a valid driver's license Yes No

I have an automobile that I can drive for work Yes No

Please list any other related work experience/training/volunteer experience:

EDUCATION

SCHOOL	NAME/LOCATION	GRADUATED	AREA OF STUDY

REFERENCES

Please list three persons not related to you whom you have known at least one year.

NAME	EMAIL ADDRESS	PHONE	RELATIONSHIP TO YOU

IN CASE OF EMERGENCY, NOTIFY:

PHONE:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is consideration for dismissal. By typing my name and dating below, it constitutes as a legal signature.

SIGNATURE

DATE

MAIL COMPLETED APPLICATION TO:

Household and Outside Maintenance for Elderly

**10201 Wayzata Blvd Suite 335
Minnetonka, MN 55305**

952-746-4046 (Phone) 952-541-0841 (Fax)

Email: HOME@seniorcommunity.org