

Application for Household & Outdoor Maintenance (HOME) Program Employment Opportunities

PERSONAL INFORMATION (please print all responses)

Full First Name,	Middle Initial, Last Name	2:			
Address:					
Full Street Address	with Apt # if applicable	City		State	Zip
Home Phone: E		Email Address: _			
Can you legally	work in the United States ear about this job?		L		
EMPLOYMENT Are you current	ly employed? Yes I	No If yes, may we			Yes No
DATES (MONTH/YEAR)	current and prior work e COMPANY NAME AND LOCATION	PHONE	POSITION	REASO LEAVIN	
Please list any o	other related work experi	 ence/training/volu	l Inteer experien	nce:	

Do you have a valid drive Do you have a vehicle yo		No Yes	No		
Which city or cities would preferred:	l you prefer to work in?	Please li	ist in order of m	ost preferred to least	
Do you have fluency and	d/or basic conversation	al skills	in any languag	e(s) other than English?	
EDUCATION	LOCATION			ADEA OF CTUDY	
SCHOOL NAME	LOCATION		GRADUATED?	AREA OF STUDY	
REFERENCES: List three r	people not related to yo	u whom	ı vou have know	n at least one vear.	
NAME	: List three people not related to you whom you have known and city PHONE			RELATIONSHIP TO YOU	
IN CASE OF EMERGENCY,	NOTIFY:	PHONE:			
I AUTHORIZE INVESTIGAT UNDERSTAND THAT MISI CONSIDERATION FOR DIS contingent upon clear res conducted on all final car	REPRESENTATION OR OI SMISSAL. All offers of em sults of a thorough back	MISSION nployme	N OF FACTS CAL ent at Senior Co	LED FOR IS mmunity Services are	
SIGNATURE		DATE			
Email this completed apr	nlication to HOMF@seni	orcomr	nunity org or n	nail a printed copy to:	

Senior Community Services Phone: 952-746-4046 **HOME Program** 10201 Wayzata Blvd Suite 335 Minnetonka, MN 55305