



Thank you for your interest in working with us at HealthMax Home Health Care Services! Below you will see our employment process. Please feel free to contact your location's HR Coordinator with any questions. We look forward to having you join our team of dependable, compassionate, Direct Support Professionals!

1. Complete a full HealthMax application
2. Provide a DHS PCA Certificate (Required to provide PCA services)
 - Go to: registrations.dhs.state.mn.us/
 - Click on: [Individualized Personal Care Assistance Training](#)
 - Register
 - Enter a **valid** email and double check spelling- this is where your certificate will be sent when you pass.
 - Email, fax, mail, or bring in a copy of your certificate.
3. Provide 2 Forms of ID (State issued picture ID/ Driver's License, School ID, or Military ID **and** a Social Security Card, or Birth Certificate. A passport or Permanent Resident Card counts for both.)
4. Complete all online training assigned to the email you provide.
5. Pass a DHS Background Study (After App, DHS PCA Cert, IDs, and training are complete.) We run the BGS; this may require you to get fingerprinted at an authorized facility.
6. Complete Orientation (Policies, W4, Timesheets, Schedule Meet and Greet with clients)
7. **Keep an active line of communication.** (Make sure we have a way to reach you!)

MINNEAPOLIS
PH. 612-521-2400
FX. 612-454-2670
125 W. BROADWAY AVE.
SUITE 102
MINNEAPOLIS, MN 55411

ST. PAUL
PH. 651-400-7953
FX. 651-203-3588
1821 UNIVERSITY AVE W.
SUITE S-132
ST. PAUL, MN 55104

BLAINE
PH. 763-575-8045
FX. 763-647-3136
9298 CENTRAL AVE NE
SUITE 204
BLAINE, MN 55434

ST. CLOUD
PH. 320-300-4843
FX. 320-323-44247
425 E ST GERMAIN STREET
SUITE 101
ST. CLOUD, MN 56304



Employment Application

Personal Information

Last		First		Middle		Suffix	
Street Address			City		State		Zip
Email			Primary Phone		H C W		Alternate Phone
Date of Birth			Social Security Number		Military Service?		From To
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you authorized to work in the United States of America?		Have you been convicted of a felony?		If yes, please explain:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Position Applied for	Date Available	Where did you hear about the open position?					

Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	Name/Location	Last Year Complete	Did you Graduate?	Major or Emphasis
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any applicable special skills, training, proficiencies, or certificates:				

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
End							
Start							
End							

References

Emergency Contacts

	Professional	Professional	Personal/Professional		Primary	Alternate
Name				Name		
Relationship				Relationship		
Company				Phone		
Phone				Alternate Phone		
Best time to Call						

Acknowledgement

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature	Date
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Employee Intake: Preferences

What services are you interested in providing? (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Personal Care Assistance | BASIC 245D: | Intensive 245D: |
| | <input type="checkbox"/> Home Making | <input type="checkbox"/> Independent Living Skills Training |
| | <input type="checkbox"/> Adult Companion Care | <input type="checkbox"/> In-Home Family Support |
| | <input type="checkbox"/> Respite Care | <input type="checkbox"/> Individualized Home Supports |
| | <input type="checkbox"/> Individual Community Living Services | |

How did you hear about us? _____

Availability: _____

What cities/neighborhoods do you prefer to work within? _____

Ok to work with persons who are/have (check all that apply):

Elderly Adults Children Male Female Smoke Cats Dogs Exotic Pets

Forms of transportation (check all that apply):

Bus Train Car None

Do you have any allergies that would affect your working in someone's home? Yes No

List allergies: _____

Do you have any weight/lifting restrictions? _____

PCA Applicants Only

Do you have any experience as a Personal Care Assistant? Yes No

What kinds of care activities did you perform? _____

Are you comfortable working for clients that may require bathroom assistance? Yes No

Are you comfortable working for clients that require a Range of Motion program? Yes No

Are you comfortable working for clients that require a Bowel program? Yes No



Employee Intake: Informed Consent

I hereby give HealthMax Home Health Care Services, LLC the right to make a thorough investigation of my past employment, education, and activities. I release HealthMax Home Health Care Services, LLC and/or its agents from all liability to retrieve information from any/all government agencies, social service agencies, and law enforcement agencies, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. HealthMax Home Health Care Services, LLC does not run credit reports, but is required to conduct criminal conviction searches during the hiring process. I understand that I am required to pass a criminal background check by the Minnesota Department of Human Services and understand that if for any reason I would be disqualified, HealthMax cannot proceed with my employment.

I understand that if my application for employment is granted HealthMax Home Health Care Services, LLC may obtain further information through subsequent investigations by a consumer reporting agency so as to evaluate me in regard to promotion, reassignment, retention, and to comply with operating license and/or liability insurance requirements and/or applicable state/federal laws. This includes initial and annual criminal conviction searches as well as investigations resulting from possible employment misconduct, negligence, and/or incidences/accidents involving my employment with HealthMax Home Health Care Services, LLC, its clients, consumers, agents and/or assigns. This document is valid throughout the course of my employment. I understand that the disclosure of a criminal record will not automatically disqualify me from employment consideration and that my case will be judged on its merits and according to MN DHS rules and regulations. I understand that any false answers, statements, or implications made by me in any application or other required documents, or acts of willful misconduct pertaining to my employment shall be considered sufficient cause for denial or employment discharge.

To verify my identity for purpose of background investigation and for obtaining certain consumer reports (i.e. criminal conviction record), I am voluntarily releasing my date of birth and full legal name; I understand that it is not a consideration for employment.

I hereby release any individual or institution, including its officers, employees, or related personnel, birth individually and collectively, from any/all liability for damages of whatever kind, which, at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I understand that a consumer and/or investigative consumer report for the purpose of employment will be obtained.

MN Residence only:

I WOULD like a copy of any consumer report regarding me. (Check One) Yes No

I am willing that a photo copy or electronic copy of this consent form be accepted with the same authority as the original. (Check One) Yes No

PLEASE PRINT CLEARLY

First Middle Last Suffix

Date of Birth

Applicant Signature

Phone Number

Today's Date



Employee Intake: Net Study

Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

SSN: _____

DOB: _____

Race: _____

Sex: _____

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

US Citizen? Yes No

Place of Birth: _____

Primary Phone: _____

Phone Type: H C W

Have you had any previous documented Name or Alias? Yes No

First: _____

Middle: _____

Last: _____

Physical Address

Street: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Mailing Address

Street: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Email: _____

Have you lived outside of Minnesota within the past 5 years? Yes No

State/Province: _____

From: _____ To: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States		
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>		
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____		
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 1 Do Not Write In This Space </div>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>		
1. Alien Registration Number/USCIS Number: _____ OR		
2. Form I-94 Admission Number: _____ OR		
3. Foreign Passport Number: _____ Country of Issuance: _____		

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page