



Application for Employment  
**PEOPLE ENHANCING PEOPLE (PEP)**  
 1600 University Ave., Suite 301  
 St. Paul, MN 55104  
 651-450-5960  
 FAX 651-917-4214

**Tell us about yourself:**

Last Name	First Name	MI	
Present Mailing Address	City	State	Zip
Home Phone (Inc. area code)	Cell Phone (Inc. area code)	County of residence	
Email (required)			
Emergency Contact (name & relationship to you)		Emergency Contact Phone	

EMPLOYMENT CONDITIONS: Check as many as you are willing to work.		
<input type="checkbox"/> Intermittent (on call as needed)	<input type="checkbox"/> Temporary, full time	<input type="checkbox"/> Seasonal, full time
<input type="checkbox"/> Permanent, full time	<input type="checkbox"/> Temporary, part-time	<input type="checkbox"/> Seasonal, part-time
<input type="checkbox"/> Permanent, part-time	<input type="checkbox"/> On Call	<input type="checkbox"/> Substitute

Position applied for: \_\_\_\_\_ Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you at least 16 years of age?  Yes  No

If yes, have you participated in a related school-based job-training program in caring for disabled people?  
 Yes  No

Please explain \_\_\_\_\_

<p>Have you ever been convicted of a misdemeanor or felony for which a jail sentence could have been or was imposed? MN Statutes require Personal Care Assistants and Qualified Professionals to pass a criminal background study.</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No <b>If yes, attach a separate sheet describing your circumstances.</b></p>
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**EQUAL OPPORTUNITY EMPLOYER**

**People Enhancing People will hire without regard to race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, disability or veteran status.**

**For Office Use Only:**

Accept	Reject	Date	By	Reason

**WHERE DID YOU HEAR ABOUT THIS JOB?**

- 1. Job Service (Workforce Centers)
- 2. Newspaper advertisement
- 3. College/University posting
- 4. Trade/Technical school posting
- 5. Internet (PEP Website / Craigslist)
- 6. Disabled persons media source
- 7. County Employee
- 8. County agency
- 9. Other \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If no, do you have a legal right to work in the U.S.?  Yes  No

Are there any restrictions?  Yes  No

If yes, please explain. \_\_\_\_\_

Are you fluent in a language (including sign language) other than English?  Yes  No

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**EDUCATION AND TRAINING**

Do you have a high school diploma or GED equivalency?  Yes  No

College, University or Professional School Name & Location	Dates of Attendance	Did you graduate?	Major Fields
Business, Technical or Vocational School Name & Location	Dates of Attendance	Did you graduate?	Major Fields

**YOUR INTERESTS / HOBBIES / VOLUNTEER ACTIVITIES**

Hobbies / Interests you have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PROFESSIONAL LICENSES

<b>PROFESSIONAL LICENSES: IF THIS POSITION REQUIRES A LICENSE, CERTIFICATION, REGISTRATION OR SIMILAR CREDENTIAL, ATTACH A PHOTOCOPY OF THE CREDENTIAL AND COMPLETE THE INFORMATION BELOW.</b>		
<b>Credentialing Organization</b>	<b>Profession</b>	<b>Number</b>
<i>Example: MN BD of Nursing</i>	<i>RN</i>	<i>000000000</i>

### Additional PCA Assignment Questions

This job will most likely require you to drive. You will need to sign a paper either consenting or not consenting to MVR back ground check.

Do you have a valid driver's license?  Yes  No State \_\_\_\_\_ License No. \_\_\_\_\_ Class \_\_\_\_\_

How far are you willing to drive to work? \_\_\_\_\_ (Miles)

This position may require you to drive at work. Is this an issue?  Yes  No

### WORK EXPERIENCE

**Provide a complete description of all qualifying experiences, listing your most recent experience first.**

Organization _____	Location _____
Position _____	Supervisor _____ Phone: _____
Length of Employment: From _____ To _____ Total Yrs./Mos. _____	
Month Year	Month Year
Major Activities:	
1. _____	Start Salary _____ Last Salary _____
2. _____	Type of Client Served _____
3. _____	Machines/equipment you use _____
How many days of work (other than vacation/holidays) have you missed in the past 6 months? _____	
Over the past 12 months? _____ Reason: _____	

Organization \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Total Yrs./Mos. \_\_\_\_\_  
 Month Year Month Year

Major Activities:

1. \_\_\_\_\_ Start Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

2. \_\_\_\_\_ Type of Client Served \_\_\_\_\_

3. \_\_\_\_\_ Machines/equipment you use \_\_\_\_\_

How many days of work (other than vacation/holidays) have you missed in the past 6 months? \_\_\_\_\_

Over the past 12 months? \_\_\_\_\_ Reason: \_\_\_\_\_

Organization \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Total Yrs./Mos. \_\_\_\_\_  
 Month Year Month Year

Major Activities:

1. \_\_\_\_\_ Start Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

2. \_\_\_\_\_ Type of Client Served \_\_\_\_\_

3. \_\_\_\_\_ Machines/equipment you use \_\_\_\_\_

How many days of work (other than vacation/holidays) have you missed in the past 6 months? \_\_\_\_\_

Over the past 12 months? \_\_\_\_\_ Reason: \_\_\_\_\_

*Attach additional sheets if necessary. Be sure to include all information requested above.*

**IMPORTANT: Be sure to sign this application and read the following statements carefully.**

I certify that all the information I have provided on the application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**In connection with this application for employment, I authorize People Enhancing People (PEP) to conduct an inquiry onto any job-related information contained in this application, including, but not limited to, present and former employers, and my records maintained by an educational institution relating to academic performance. Moreover, I hereby release PEP from any and all liability of whatsoever nature by reason of requesting such information from any person.**

- Yes                       Yes, but not present employer until job is offered.                       No