

EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: Sol Health
Address: 8400 Normandale Lake Blvd., Suite 920
City/State/ZIP: Bloomington, Minnesota 55437
Telephone: 888.557.8038

It is the policy of Sol Health to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: Care Manager

5. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

6. Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

7. Are you at least 18 years old? _____ Yes _____ No

8. How will you get to work? _____

9. If you are offered employment, when would you be available to begin work?

10. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

11. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

12. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating					
_____	_____		1	2	3	4	5
_____	_____		1	2	3	4	5

13. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
 Supervisor Name: _____
 Address: _____
 City/State/ZIP: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

Employer Name: _____
 Supervisor Name: _____

Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

14. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

15. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

16. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Sol Health to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Sol Health, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE DATE