O'WOW HOME CARE SERVICES LLC

A CARING HEART WITH A CARING TOUCH

PCA ☐
CNA ☐
LPN ☐
RN ☐
OTHER ☐

Applicant Information

Full Name: _____ _____ _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary:**$** _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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Background Study Request Form

(For Office use Only)

Company/Services to be Run Under

[x]O'wow Home Care Services LLC

PCA ☐
CNA ☐
LPN ☐
RN ☐
OTHER ☐

Primary Office/location: 1405 Silver Lake Rd. Suite 15 New Brighton MN 55112

Please Print clearly and **use LEGAL NAMES (as shown on your SS Card)**
First Name: _____
last Name: _____
Middle Name:
Date of Birth: _____Gender: ☐ Male ☐ Female

MN Driver's License or MN Identification: _____
(Enter a letter followed by 12 numbers)

*Race (optional):

☐ Asian
☐ Pacific Islander
☐ African American
☐ Native American
☐ White
☐ Hispanic/Latino
☐ Unknown/Other
☐ Two or More Race

Social Security Number: _____

*Phone Number (optional):

Address: City: State: Zip Code:

Have live in other state during the last 5 years? Yes ☐ No ☐
Address

Country of Birth: State of Birth:

Alias Name: other names by which you have been known (Including maiden name):

Alias Name: 1. 2. 3.

I authorize O'wow Home Care Services or its affiliates to conduct a national criminal background check as part of the application process and on an annual basis if I'm hired. I further authorize Loving Healthcare Services to submit my information to the appropriate agency for the purpose of conducting all required criminal background studies. My employment is contingent on meeting the minimal criminal background requirements as established by O'wow Home Care Services and the Minnesota Department of Human Services under Minnesota Statutes chapter 245c.I understand that if I fail to meet DHS's or O'wow Home Care services requirements before or during the course of my employment, O'wow Home Care Services may refuse to hire me or terminate my employment in its sole discretion.

Application Signature: _____ Date: _____

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Employee Survey Form

Date: _____

Last Name: _____ First Name: _____ M.I._____
(Please Print)

This is to affirm O'wow Home Care Services policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof and including Minnesota Statute 363A. The information you provide is voluntary and will be used only to monitor our compliance with equal opportunity laws and regulations.

As an affirmative action fiscal intermediary, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form. This form is not used to determine employment decisions.

Race/Ethnicity- Select one or more

- ☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American: A person having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Two or More Races: All persons who identify with more than one of the following races: White, Hispanic or Latino, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, American Indian or Alaska Native.

Sex -Select one

- ☐ Female
- ☐ Male

Disability

Are you a person with a disability?

- ☐ Yes
- ☐ No

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| 1405 Silver Lake Rd. Suite 15 | New Brighton | MN 55112 | 651-756-8948, 651-280-7224 | Fax: 651-305-5256 |
omg1@owowhomecareservices.com | www.owowhomecareservices.com

EMPLOYEE NAME:

WORK AVAILABLE

FULL-TIME:

PART-TIME:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

PCA
CNA
LPN
RN
OTHER

Signature: Date: