

**Granny's Helpful Hands, LLC**  
 705 East Lake Street, Minneapolis, MN 55407  
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 Office: (612) – 824 - 1177  
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## Application for Employment

### An Equal Opportunity Employer

Each question should be fully and accurately answered. All questions must be answered. Additional sheets may be attached if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of Application. All information will be available only to "need to know" persons or as required by law. This company will make reasonable accommodation in the application process, if needed.

This application is current for six months. At the conclusion of this time, if you have not been contacted and still wish to be considered for employment, it will be necessary for you to fill out a new application.

NAME (Print) \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Full Middle Name

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
No. Street City State Zip Day Evening

Position applied for? \_\_\_\_\_ When are you available for employment? \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ Type of Employment?: \_\_\_\_\_ Full – time \_\_\_ Part – time \_\_\_

Drivers License# \_\_\_\_\_, and if you are applying for a Qualified Professional position, include your MN

State License# \_\_\_\_\_

### RECORD OF EMPLOYMENT – Include all Employment pertaining to the Health Care Industry

1. Name of Current/Most Recent Employer		Address		Telephone
Dates Employed		Rate of Pay		Reason for Leaving
From	To	Starting	Ending	
Mo. Yr.	Mo. Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name of Next Previous Employer		Address		Telephone
Dates Employed		Rate of Pay		Reason for Leaving
From	To	Starting	Ending	
Mo. Yr.	Mo. Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				
3. Name of Next Previous Employer		Address		Telephone

