



2437 RICE STREET, ROSEVILLE, MN 55113
OFFICE 651-415-9991 FAX 651-484-5863

ACCEPTANCE · COMMUNICATION · RESPECT

Supervisor

Location

APPLICATION FOR EMPLOYMENT

To the Applicant:

Thank you for your interest in ACR Homes. We will review your application and contact you if we determine that your qualifications are appropriate for positions we may have available. After completing the entire application process, your application and/or credentials are kept on file for one year. ACR Homes is an equal opportunity employer.

Please feel free to submit a resume, if you have one, along with this application. However, if you do, please fill in the application completely in addition to your resume. PLEASE DO NOT FAX APPLICATIONS.

PLEASE NOTE: As part of the application process for ACR Homes you may be asked to complete a number of tasks, including but not limited to: the application, the Pre-Employment Ability Test, the Life Experience Questionnaire, and a short interview. The process usually takes at least 2 hours. Additional interviews or testing may follow the application process. Although the application process can seem long and tedious, it is reflective of certain aspects of the job. A primary aspect of the job involves the ability to interact positively with people who have disabilities. However, there is also a need to do detailed paperwork. Therefore, the patience required to complete the interview process indicates to us this facet of your potential to do the job. Thank you for your time and your cooperation.

I have read the above process, and agree to complete this application with accurate information to the best of my knowledge. I understand that if any of the information on the application is subsequently shown to be false or misleading, my employment with ACR may be terminated.

Signature

Print Name

Date

(for office use only) FILE #

Last

Middle

First

Name:



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IMPORTANT NOTES FOR GROUP HOME POSITIONS:

(detach this page and keep)

DRUG TESTING: ACR Staff are subject to drug testing. More information will be presented to you if you are offered a position.

MANTOUX: Prior to beginning work, all employees must have a Mantoux test (test for tuberculosis) administered and read (which is done by an MD or RN). – If you have a positive Mantoux, you will be required to have a chest x-ray. A physical exam may also be required.

HEPATITIS B: Some of the people living in our homes are Hepatitis B carriers. Staff who are specifically working in these homes are strongly encouraged to have the Hepatitis B vaccine. This is a series of three shots over a six month period. ACR encourages all employees to have the Hepatitis B vaccine.

REQUIRED DOCUMENTS: Upon hire, you will need to provide to ACR's HR Department: proper identification documents to satisfy the I-9 form, a valid Social Security Card (for payroll), and proof of automobile insurance. All documents need to be presented to an ACR office staff member within 3 business days of a position being offered. If you are not able to provide all documents requested within 3 business days, the job offer will be suspended until this requirement is met.

TRAINING: All new employees are required by state law to receive 30 hours of orientation training before performing unsupervised work. This training includes courses in Vulnerable Adults/Children, OSHA, Rule 40 & Behavior Management, CPR, First Aid, Medication Administration, Company Policy, **Procedures and Philosophy**, information on the people we support, hands-on training in the group home and other training depending on the site where you work. Employees are paid at minimum wage for their training hours. Until your training is completed, your hourly wage is \$2.00/hr lower than the regular wage. Employees are given instructions on how to and where they can obtain training, and are responsible to see that it is completed within the required time (which will be explained during orientation). There are also mandatory monthly staff training meetings, which you are paid to attend. These meetings are arranged to discuss current methods and issues relating to the people who live in the group home where you work. Your supervisor may also ask you to attend other training in the community.

TOBACCO FREE. ACR is a tobacco free environment. This means you may not use tobacco in the home, on the premises, in a company or personal vehicle or in the community while on duty.

SCHEDULING: Scheduling is done monthly. Once a schedule is arranged, employees are responsible for finding replacements for their shift. Flexibility is important. Due to the nature of the work, all employees are required to work their share of both weekends and holidays.

PAYROLL: Employees are paid on a two week cycle; when a two week period is completed, time sheets are processed and checks are issued on the Monday three weeks following the end of the pay period. *Remember: starting pay is \$2.00 less per hour until training is completed, therefore, it is to your advantage to complete training as quickly as possible.*

BENEFITS: ACR offers health care benefits for employees working a consistent 38 or more hours per week. ACR also offers a retirement plan for both part-time and full-time employees. For more information about benefits, contact the Human Resource department. Availability of full-time positions and accompanying benefits are house specific; you may be eligible only after satisfactory completion of training.

IMPORTANT!

As you consider a direct care position with ACR, it is important for you to consider the following: direct care positions at ACR, require that each individual share in the responsibility of providing care for the people we support during holidays, spring break, summer break, weekends (including Sundays) and other frequently sought after vacation times. If this is disagreeable to you, please bring it up at the time of the application. Employees in direct care positions are asked to make a six month commitment of relationship to the people we support.

AN EEO/AA EMPLOYER

Disclosure of Use of Consumer Report
(Credit History Authorization)

As an employee of ACR, one of your job responsibilities will be to help maintain resident finances. In light of this, a credit history may be run to determine your suitability for the position.

At our request, a consumer report about you may be prepared by a consumer reporting agency. The report may contain information obtained through personal interviews about your credit history and information about your driving record, criminal history, character, general reputation, mode of living or personal characteristics. If a consumer report is prepared, you have the right to request from the consumer reporting agency preparing the report a complete and accurate description of the nature and scope of the report from the consumer reporting agency.

Check here if you would like to receive a copy of any consumer report prepared on you by a consumer reporting agency. You will not be charged for the copy. If you have checked this box, ACR will request this report on your behalf. We only run these reports on those employees who reach our final screening process; we cannot guarantee that a report will be run on everyone.

Sign below to indicate that you authorize and consent to a check by a consumer reporting agency into the matters described above.

Date: _____

Full Name (please print): _____
Last First Middle

Social Security Number: _____

Permanent Address: _____
Street Address Apt #

City State Zip

Applicant Signature: _____

Applicant Name: _____ Date: _____
 Phone: _____ Social Security Number: _____
 # Hours/Week _____ Days and Hours _____ Preferred _____
 Preferred _____ Available for Work _____ Start Date _____
 Which shifts are you able to work? Mornings ___ Days ___ Evenings ___ Awake Nights ___ Weekends ___
 How did you learn of this position? (indicate **all** that apply)
 ACR Employee Name _____ Flier at _____
 Oral Presentation at _____ Advertisement in _____
 Job Fair at _____ Website (specify) _____
 Table at _____ OTHER _____
 If you have checked more than one, which one of the above **most** influenced your decision to apply? _____
 Prior to today, have you ever applied to ACR Homes? Yes ___ No ___

PERSONAL INFORMATION:
 Name: _____ Phone Number: (_____) _____
 First Middle Last
 Present Address: _____
 Street City State Zip
 County of Present Residence: _____ If not permanent, until when? _____
 Permanent Address (if other than above): _____
 Street City State Zip
 County of Permanent Residence: _____ Permanent phone number: (_____) _____
 Email Address: _____
 Position Applying For (circle): Program Counselor, Jr. Program Counselor, RN, LPN, Residential Supervisor,
 Maintenance, Office (please specify) _____

AUTHORIZATION TO KEEP A PHOTO ON FILE

By signing below, I authorize ACR (if I am hired) to keep a photo of me on file to help in facilitating name recognition within the company. If you are hired, ACR will take a photo of you during training.

Signature **Date**

FOR OFFICE USE ONLY

Requirements	On the Job Rules	Prior to Working	Hiring Decision
Drivers License/Car	Weekend Hours (Sundays)	Provide proper ID documents	Interview
Awkward Heavy Lifting	Holidays	Mantoux	References
18 Years Old	No Tobacco Use	Physical	Testing Results
6 Month Commitment	Laundry/Meal Preparation	Hep. B	
Minimum 2 shifts/wk or 2 24 hr/mo	Diapering/Tube Feeding	Training Wage (\$2 less/hr)	
	Care for both M/F	Training Pay	
Reliability	Staying awake on awake night shifts	ETP Pay	
Promptness		Bonuses and Scholarship	
_____ initial	_____ initial	_____ initial	_____ initial

By initialing the above, I am confirming that I understand the requirements of a position with ACR HealthCare Group

PERSONAL HISTORY

Please carefully read the following and answer as it applies to you:
(Please feel free to add explanatory comments)

All group home positions require as a job responsibility awkward, heavy lifting of occasionally 70 pounds or more.

Are you able to meet this requirement?

Yes No

All group home employees must be 18 years of age or older. Do you meet this requirement?

Yes No

Are you eligible to work in the U.S.A.?

Yes No If no, please stop the application at this time and re-apply once you are eligible.

Have you ever been convicted of any offenses such as homicide, crimes against a person, crimes of compulsion, sex crimes, incest, theft and burglary, arson or obscene phone calls?

Yes No If yes, our licensing may not allow us to hire you; please speak with a receptionist immediately.

Yes No Are you subject to a Non-Compete Agreement from a previous employer?

If so, please supply us with a copy of that agreement.

Yes No Are you willing to sign a confidentiality and Non-Compete Agreement with ACR Homes?

Yes No ACR conducts drug screening tests. Are you willing to submit to drug testing?

DRIVING STATUS

A valid U.S. Driver's License is required for all group home positions with ACR Homes, Inc. Are you able to meet this requirement? Yes No

Driver's License # _____ State where issued: _____

A reliable form of transportation is required, as you may be asked to transport the people we support in your own vehicle. Are you able to meet this requirement? Yes No Comments _____

For insurance purposes we will need the following information. Please indicate below if your driving record during the past **three** years reflects any of the following violations: (Please feel free to add explanatory comments)

Three or more moving violations or accidents or combination. (Having two moving violations may be acceptable.) *If you have questions as to what constitutes a moving violation, please talk to our receptionist.* Yes No

Identify all moving violations you have had in the last three years: _____

A conviction for careless and reckless driving, DUI/DWI, refusing a substance test, hit and run, manslaughter, eluding a Police Officer, any felony, drag racing, suspension or revocation of license, and driving while license suspended. Yes No

If you answered yes to either of the last two questions, our insurance company will not be able to insure you; please stop the application at this time. When your record clears we invite you to re-apply with ACR.

Employee name: _____ Date: _____
Employer: ACR Homes, Inc.

ADULT FOSTER CARE EMPLOYEE SCREENING

1) Adult foster care licensing rules, as described in Minnesota Rules 9555.6125, require that a criminal background check be completed on those individuals involved in the operation of an adult foster care home. Additionally, operators, caregivers, and household members must agree to disclose their conviction and criminal history information and may not have a disqualification under Minnesota Statutes, section 245C.15. According to Minnesota Statutes section 245C.09, subdivision 2, "an individual's failure or refusal to cooperate with the background study is just cause for denying or terminating employment of the individual if the individual's failure or refusal to cooperate could cause the applicant's application to be denied or the license holder's license to be immediately suspended or revoked."

Are you willing to disclose your conviction record and administrative determination history? YES___ NO___

If you have been convicted of or admit to any of the following crimes, please indicate so by marking an X next to it. **Please keep in mind that this information may not bar you from employment, but will help us complete the background study process:**

- Abduction (609.265) _____
- Adulteration (609.687) _____
- Aggravated first-degree or first degree tampering with a witness. (MN Statutes, 609.498, Subd. 1 or 1a) _____
- Aiding suicide or aiding attempted suicide (609.215) _____
- Arson in 1st, 2nd, 3rd degree (609.561—609.563) _____
- Assault in the 5th degree (609.224) _____
- Assault in the 5th degree against a vulnerable adult by a caregiver (609.224, subd. 2, paragraph c) _____
- Assault of an unborn child in 1st, 2nd, 3rd degree (609.267- 609.2672) _____
- Assault in 1st, 2nd, 3rd, or 4th degree (609.221- 609.2231) _____
- Attempt to coerce (609.275) _____
- Burglary in 1st, 2nd, 3rd, 4th degree (609.582) _____
- Coercion, attempting to coerce (609.27, 609.275) _____
- Controlled substance crime in 1st, 2nd, 3rd degree (152.021; 152.022; 152.023, subd. 1 cls(3),(4), or subd. 2 cls(4) _____
- Criminal abuse of a vulnerable adult (609.2325) _____
- Criminal sexual conduct in the 1st-4th degree (609.342- 609.345) _____
- Criminal sexual conduct in the 5th degree (609.3451) _____
- Criminal sexual predatory conduct (609.3453) _____
- Criminal neglect of a vulnerable adult (609.233) _____
- Criminal vehicular homicide and injury (609.21) _____
- Dangerous Weapons (MN Statutes 609.66) _____
- Disorderly house (609.33) _____
- Disorderly conduct against a vulnerable adult (609.72, subd. 3) _____
- Disseminating or displaying harmful material to minors (617.293) _____
- Domestic assault (609.2242, 609.2243) _____
- Drive-by shooting (MN Statutes, 609.66, subdivision 1e) _____
- Drugs; controlled substance (152) _____
- Failure to report maltreatment of a vulnerable adult (609.234) _____
- Failure to make required reports under sections 626.556, subd. 3 (Maltreatment of Minors Act), or 6266.557, subd. 3 (Vulnerable Adults Act) for certain incidents _____
- False imprisonment (609.255) _____
- Felon ineligible to possess firearm (MN Statutes, 609.165) _____
- Felony-level conviction involving alcohol or drug use _____
- Felony (other prohibited acts); prostitution-related crimes with children (609.324, Subd. 1, 1a) _____
- Felony offense of spousal abuse, felony offense of child abuse or neglect, or felony offense of a crime against children (in another state) _____
- Financial exploitation of a vulnerable adult (609.2335) _____
- Forgery, Aggravated forgery, check forgery, offering a forged check (609.625, 609.63, 609.631) _____
- Great bodily harm caused by distribution of drugs (609.228) _____
- Grounds for termination of parental rights (260C.301) _____
- Harassment; stalking (609.749) _____
- Indecent exposure (617.23) _____

- Incest (609.365) _____
- Indecent literature, distribution (617.243) _____
- Injury or death of an unborn child in the commission of a crime (609.268) _____
- Interference with privacy (609.746) _____
- Kidnapping (609.25) _____
- Letter, telegram, or package; opening; harassment (609.795) _____
- Malicious punishment of a child (609.377) _____
- Maltreatment of a minor, serious or recurring (626.556) _____
- Maltreatment of a vulnerable adult, serious or recurring (626.557) _____
- Manslaughter of an unborn child in the 1st, 2nd degree (609.2664—609.2665) _____
- Manslaughter in 1st, 2nd degree (609.20, 609.205) _____
- Mistreatment of persons confined (609.23) _____
- Mistreatment of residents or patients (609.231) _____
- Murder of an unborn child in the 1st, 2nd, 3rd degree (609.2661- 609.2663) _____
- Murder in the 1st, 2nd, 3rd degree (MS 609.185- 609.195) _____
- Neglect or endangerment of a child (609.378) _____
- Obscene materials and performances (617.241) _____
- Obscene or harassing phone calls (609.79) _____
- Obtaining signature by false pretense (609.635) _____
- Possession of shoplifting gear (609.521) _____
- Possession of pictorial representations of minors (617.247) _____
- Receiving profit from prostitution (609.323) _____
- Repeat offenses under obscene materials and performances; distribution and exhibition prohibited; penalty (617.241) _____
- Riot (609.71) _____
- Robbery, simple or aggravated (609.24, 609.245) _____
- Setting a spring gun (609.665) _____
- Shooting at or in a public transit vehicle or facility. (MN Statutes, 609.855, subd. 5) _____
- Solicitation, inducement, and promotion of prostitution (609.322) _____
- Solicitation of children to engage in sexual conduct (609.352) _____
- Terroristic threats (609.713) _____
- Theft (609.52) _____
- Unlawfully owning, possessing or operating a machine gun (609.67) _____
- Use of minors in sexual performance (617.246) _____
- Use of drugs to injure or facilitate a crime (609.235) _____
- Violation of an order for protection (protective order authorized; procedures; penalties)(609.3232) _____
- Violation of an order for protection (518B.01, subd. 14;518B.01) _____
- An attempt or conspiracy to commit any of these offenses as defined in Minnesota statutes _____
- An offense in any other state or country where the elements are substantially similar to the elements of any foregoing offenses _____

If you have a history of any of the above, please give details (date, place, etc): _____

I hereby affirm that the foregoing statements are accurate, complete and true to the best of my knowledge. I understand that if I knowingly give false information, I may not be a caregiver in a licensed adult foster home.

Signed: _____ **Dated:** _____

Work History

Please list below your current and previous employment, beginning with your most recent work.

<u>EMPLOYER NAME & ADDRESS</u>	<u>DATES OF EMPLOYMENT</u>	<u>JOB TITLE AND NATURE OF DUTIES</u>
1. _____	_____	_____
_____	thru _____	_____
_____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	thru _____	_____
_____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	thru _____	_____
_____	_____	_____
_____	_____	_____

Honors or achievements earned or volunteer experience you have had. If you are uncomfortable listing the names of your volunteer organizations, you may just list an activity or a title: _____

Please indicate any current credential/training status in CPR, Med Administration, First Aid, OSHA, or other training relevant to this job including EMT Training and RN or LPN degrees:



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Work References

(Copy these three work references onto the pages that follow)

Please list below three references whom we can contact by phone or mail about your work and general character. We prefer that they be supervisors or managers from previous or current employment; however, if desired you may include a supervisor from a non-employment situation such as a volunteer organization or an educational advisor.

_____ Name of Supervisor	_____ Name of Supervisor	_____ Name of Supervisor
_____ Company Name	_____ Company Name	_____ Company Name
_____ Relationship (i.e. manager)	_____ Relationship (i.e. manager)	_____ Relationship (i.e. manager)
(_____)_____ Phone	(_____)_____ Phone	(_____)_____ Phone
_____ Best Time to Call	_____ Best Time to Call	_____ Best Time to Call

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application may lead to my dismissal. I further understand that if I am hired by ACR, my employment will be at-will, meaning that I may resign at any time and the company may terminate my employment at any time and for any reason. No representative of the company has the authority to alter the at-will nature of my employment, except in a written contract of employment **signed by me and** the Executive Director of ACR.

Applicant Signature: _____

Date: _____



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Send Work Reference To:

_____		_____		_____	
Name of Supervisor		Company Name		Relationship (i.e. manager)	
_____		_____		_____	
Address		City		State Zip	
Phone Number(s): _____			Best Time to Call: _____		
Your Name (print): _____			Position Held: _____		
Employment Dates: _____					

I hereby authorize the release of any information requested on this form. I indemnify and hold harmless ACR, the above named employer, and their agents and employees, from any liability or claims I may have that arise or result from any reference provided pursuant to this authorization and any authorized disclosure thereof.

Applicant Signature: _____ Date: _____

Dear Employer,

One of your former or current employees has applied for employment with ACR. Your name was given as a reference on this application. The information requested below has been authorized by the employee for receipt by ACR, and a signed release is included above. All information provided is confidential (we will not show the candidate your response). Your candid responses are helpful and appreciated.

Are the employment dates and position held correct as shown above? []YES []NO

If not, please explain: _____

Reason for leaving: _____

Would you rehire? []YES []NO

If not, please explain: _____

Is there anything you know about the applicant's character or background that might be cause for concern in working with vulnerable children and adults?

Please describe some of the applicant's character traits which contribute to him/her being a good employee:

Please comment on any areas for improvement related to his/her work performance:

Please rate the applicant of the following:

	<u>Poor</u>	<u>Fair</u>	<u>Avg.</u>	<u>Good</u>	<u>Excellent</u>
Responsibility	1	2	3	4	5
Follows Rules and Regulations	1	2	3	4	5
Attendance	1	2	3	4	5
Cooperation	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Judgment	1	2	3	4	5
Quality of Work	1	2	3	4	5
Working with Others	1	2	3	4	5
Takes Direction	1	2	3	4	5
Open to Suggestions	1	2	3	4	5

Comments: _____

Signature: _____

Title: _____

Date: _____

PLEASE USE THE ENCLOSED ENVELOPE AND RETURN TO ACR HOMES, INC., AS SOON AS POSSIBLE, OR FAX TO (651)484-5863, ATTENTION HR DIRECTOR.

THANK YOU!



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Send Work Reference To:

_____		_____		_____	
Name of Supervisor		Company Name		Relationship (i.e. manager)	
_____		_____		_____	
Address		City		State Zip	
Phone Number(s): _____		Best Time to Call: _____			
Your Name (print): _____		Position Held: _____			
Employment Dates: _____					

I hereby authorize the release of any information requested on this form. I indemnify and hold harmless ACR, the above named employer, and their agents and employees, from any liability or claims I may have that arise or result from any reference provided pursuant to this authorization and any authorized disclosure thereof.

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Please describe some of the applicant's character traits which contribute to him/her being a good employee:

Please comment on any areas for improvement related to his/her work performance:

Please rate the applicant of the following:

	<u>Poor</u>	<u>Fair</u>	<u>Avg.</u>	<u>Good</u>	<u>Excellent</u>
Responsibility	1	2	3	4	5
Follows Rules and Regulations	1	2	3	4	5
Attendance	1	2	3	4	5
Cooperation	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Judgment	1	2	3	4	5
Quality of Work	1	2	3	4	5
Working with Others	1	2	3	4	5
Takes Direction	1	2	3	4	5
Open to Suggestions	1	2	3	4	5

Comments: _____

Signature: _____

Title: _____

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Send Work Reference To:

_____		_____		_____	
Name of Supervisor		Company Name		Relationship (i.e. manager)	
_____		_____		_____	
Address		City		State Zip	
Phone Number(s): _____		Best Time to Call: _____			
Your Name (print): _____		Position Held: _____			
Employment Dates: _____					

I hereby authorize the release of any information requested on this form. I indemnify and hold harmless ACR, the above named employer, and their agents and employees, from any liability or claims I may have that arise or result from any reference provided pursuant to this authorization and any authorized disclosure thereof.

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Please describe some of the applicant's character traits which contribute to him/her being a good employee:

Please comment on any areas for improvement related to his/her work performance:

Please rate the applicant of the following:

	<u>Poor</u>	<u>Fair</u>	<u>Avg.</u>	<u>Good</u>	<u>Excellent</u>
Responsibility	1	2	3	4	5
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Attendance	1	2	3	4	5
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Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Judgment	1	2	3	4	5
Quality of Work	1	2	3	4	5
Working with Others	1	2	3	4	5
Takes Direction	1	2	3	4	5
Open to Suggestions	1	2	3	4	5

Comments: _____

Signature: _____

Title: _____

Date: _____

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THANK YOU!