



APPLICATION FOR EMPLOYMENT

First Care Medical Services is an Equal Opportunity Employer. We are committed to a policy of equal treatment and opportunity in every aspect of our relations with staff members without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, sexual orientation, disability or age (except when based on a bonafide occupational qualification). This includes but is not limited to recruitment, hiring, training, transfers, promotions, pay benefits and participation in employer sponsored education, social and recreational programs.

PLEASE TYPE OR PRINT. YOU MAY ATTACH A RESUME OR OTHER INFORMATION. HOWEVER, COMPLETE THIS APPLICATION FOR EMPLOYMENT FORM IN ITS ENTIRETY BY ANSWERING ALL QUESTIONS IN FULL. IF A PARTICULAR QUESTION IS NOT APPLICABLE TO YOU INDICATE N/A.

Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ Telephone # _____

Current Address:
Number & Street _____ City & State _____ Zip Code _____

Job for which you are applying _____ When are you not available to work? _____

Have you previously worked for First Care Medical Services? Yes No If yes, give approx. dates: _____

Have you previously applied with First Care Medical Service? Yes No If yes, give approx. dates: _____

How did you learn about the job for which you are applying? _____

Schools attended (most recent first):
School Name _____ City & State _____ Course of Study _____ Level of Completion _____

School Name _____ City & State _____ Course of Study _____ Level of Completion _____

School Name _____ City & State _____ Course of Study _____ Level of Completion _____

Other courses, workshops, seminars, etc. completed: _____

Current licensure, certification, registration:
Type _____ Issuing State _____ Issue Date _____ Expiration Date _____

Type _____ Issuing State _____ Issue Date _____ Expiration Date _____

Skills not otherwise indicated: _____

Current professional memberships: _____

Work experience with current or most recent employer first. Include military experience if it relates to the type of job for which you are applying:

Dates of employment _____ to _____ Name of Employer _____ Telephone () _____

Supervisor's Name & Title _____ Employer's Complete Address _____

Title of position you held _____ Summary of job duties _____

Reason for leaving _____

Dates of employment _____ to _____ Name of Employer _____ Telephone () _____

Supervisor's Name & Title _____ Employer's Complete Address _____

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Dates of employment _____ to _____ Name of Employer _____ Telephone () _____

Supervisor's Name & Title _____ Employer's Complete Address _____
Title of position you held _____ Summary of job duties _____

Reason for leaving _____

Please use this space to summarize any additional information necessary to fully describe your qualifications for the job for which you are applying.

IMPORTANT -- CAREFULLY READ THE FOLLOWING BEFORE SIGNING

The information I have given in my Application for Employment is true and complete. I understand that any false statement, concealment or failure to answer any question fully and accurately shall be grounds for termination of my employment regardless of the length of my employment.

I authorize investigation of all information contained in the Application for Employment and I authorize all my previous employers or other persons having information concerning me or my work record or actions to report such information to First Care Medical Services representatives. Further, I release each such persons or organizations from any claims or liabilities whatsoever on account of making such inquiry or providing information.

I understand that this Application for Employment is not an offer, a promise or a representation of employment. Neither does this Application for Employment create a contract for employment, a promise or representation of continued employment or any entitlement to pay or benefits. I understand and agree that if I am employed by First Care Medical Services no contract for employment, express or implied, is created by the act of my employment, by my continued employment, by any oral or written statement, or by any policy, practice or procedure. Employment, if granted, shall be at will which means that my employment may be terminated either by me or First Care Medical Services at any time for any or no reason, with or without cause, regardless of any oral or written statement, policy, practice or procedure.

If I am employed by First Care Medical Services, I agree to read and comply with policies, practices, procedures and other conditions of employment which First Care Medical Services may change at any time with or without prior notice.

I agree to submit, if requested, to a medical examination at First Care Medical Services' expense by a doctor designated by First Care Medical Services at the time of my initial employment and as requested. It is understood that such medical examination(s) are to determine my fitness to begin and or continue my employment with First Care Medical Services.

I understand that if I am offered employment by First Care Medical Services I will be required to show evidence of my legal right to work in the United States.

Signature of job applicant _____ Date _____



900 Hilligoss Blvd. SE, Fosston, MN 56542. Ph: 218-435-1133. Fax: 218-435-1134

RELEASE OF INFORMATION

Applicant: Complete this section only and submit with application.

I give permission to First Care Medical Services to obtain employment references necessary to make a hiring decision and hold persons giving such reference harmless and free of any and all liability that could result from the process.

Signature of Applicant

Date

Other names by which you have been known

Social Security Number

REFERENCE INFORMATION

The above individual has made application for employment with First Care Medical Services and has listed you as a reference. Please complete the following as thoroughly as you are able. Your assistance is greatly appreciated. Thanks!

Did this applicant work for you from _____ to _____ (Yes) (No)

Position Held: _____ Supervisor's Name: _____

Is the above information correct? (Yes) (No) - If not, please list correct information.

Nature of Duties: _____

Reason for termination: _____

Is this applicant eligible for rehire? ____ Yes ____ No

Please rate the following questions on a scale of 1-5 with 5 being excellent and 1 being poor.

Table with 5 columns: Poor, Average, Excellent and 3 rows: Job Performance?, Attendance?, Working relationship with co-workers?

Comments: _____

Name and Job Title of Person Completing Form

Date

Company Name

Phone Number

Company Address

First Care Medical Services
AFFIRMATIVE ACTION SURVEY

First Care Medical Services is committed to a policy of Affirmative Action. This helps to enable us to provide equal employment opportunities based on job related qualifications without regard for an applicant's race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance. It also helps to assure our compliance with laws, directives and regulations of federal, state, and local governments and their agencies.

You are not required to provide the following information.

However, it may be helpful to us in assuring our meeting the commitment stated above. The information you submit here will in no way affect your application for employment. It will be used and stored separately from the Application for Employment and other information you may provide.

Name: _____ Date: _____

Position(s) you are applying for

Check one: Female Male

Check race or ethnic group applicable to you:

White Black Asian/Pacific Islander

American Indian/Alaskan Native Hispanic

Check any of the following which may apply to you:

Handicapped Vietnam Era Veteran

Disabled Veteran

THANK YOU FOR YOUR ASSISTANCE

First Care Medical Services
VALUE BASED BEHAVIOR STANDARDS
APPLICANT STATEMENT OF COMMITMENT

CARING

1. I will be first to smile and greet people.
2. I will listen to patients to understand how to best serve each person's needs
 - make eye contact,
 - use effective body position,
 - repeat back what is said, and
 - ask questions to ensure understanding.
3. I will respond as promised. I will do my part to see that call lights are acknowledged and answered as promised.
 - LTC answered within 5 minutes,
 - Hospital within 3 minutes,
 - Telephones are answered within 3 rings.
4. I will explain what will happen next and will check for understanding.
5. I will notice verbal and nonverbal signs, acknowledge and ask about their concerns and say "Is there anything I can do to make you more comfortable?"
6. I will anticipate people's needs and take measures to see that their needs are addressed.
7. When patients leave I will say goodbye warmly and wish them well. At discharge I will say "It was my pleasure to serve you. Thank you for choosing First Care Medical Services."

ACCESSIBILITY

1. I will introduce myself to each customer and tell them what I will do for them.
2. I will not rush and will take the opportunity to ask, "Is there anything else I can do for you? I have the time."
3. I will take people to where they are going, introduce the next person to care for them by name.
4. If they have a scheduled follow-up appointment I will say "I look forward to seeing you when you come back on [Tuesday at 2pm]. Please call me if there's anything I can do for you in the meantime."

RESPECT

1. I will call people by their given name until invited to use less formal name.
2. I will explain delays, and make sure they do not wait more than 10 minutes without being informed about the delay.
3. I will use words and tone to show respect and consideration, such as please and thank you.

4. I will listen without interrupting.
5. I will use care when handling the property of others.
6. I will work to recognize, understand and respect cultural differences.
7. I will offer choices, empowering customers and ensuring dignity.
8. I will share information only with those who have a need and a right to know and only in private areas.
9. I will take action to protect customer dignity by pulling curtains, closing doors, limiting exposure wherever possible and knock before entering.
10. I will follow the dress code and wear nametags, as my appearance is interpreted as competency and trust.
11. I will keep conversation customer focused, involving them in the discussion, and will keep personal conversations private.

EFFECTIVENESS

1. I will use my time effectively, with the customer in mind.
2. I will use work supplies, resources and equipment appropriately and conservatively.
3. I will do the job right the first time, and do my part to work to prevent errors.
4. I will keep the environment clean and organized.
5. I will be a team player
 - Cooperate with others,
 - Make suggestions for improvement in a positive and constructive manner,
 - Participate willingly in solutions, and
 - Demonstrate concern, respect and commitment to the team.
6. I will not blame other people or departments. As a representative of First Care, I will apologize and initiate corrective action.

I understand that these behaviors are expected First Care Medical Services' staff members. I understand that customer service is a high priority at First Care. I understand that my commitment to these behavior standards is required to be considered for employment with First Care. I accept these behavior standards and agree that I can and will demonstrate these behavior standards to their full intent, contributing to First Care's Customer Service Culture, if I am selected and offered employment.

Name

Date