



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please keep this page for your information

Thank you for considering Cerenity Senior Care as an employment option.

Bethesda of South St. Paul Residence and Care Center

724 19th Ave N, South St. Paul, MN 55075 (651) 232-6070 Fax: (651) 232-6076

Care Center on Dellwood Place

753 E 7th St, St. Paul, MN 55106 (651) 776-4107 Fax: (651) 778-3827

Humboldt Care Center

512 Humboldt Ave, St. Paul, MN 55107 (651) 227-8091 Fax: (651) 220-1755

Residence and TCU on Humboldt

514 Humboldt Ave, St. Paul, MN 55107 (651) 220-1700 Fax: (651) 220-1724

Marian of Saint Paul Residence and Care Center

200 Earl St, St. Paul, MN 55106 (651) 793-2100 Fax: (651) 771-4509

White Bear Lake Residence, Care Center and TCU

1891 Florence St, White Bear Lake, MN 55110 (651) 232-1824 Fax: (651) 232-1801

Please make note of the Cerenity Senior Care hiring process:

1. Applications for open positions are reviewed by Human Resources and/or Department Managers for qualifications that match the open position.
2. Qualified applicants will be contacted for interviews.
3. Candidates selected for open positions will be offered a position on a contingent basis.
 - a. all new hire candidates are required to successfully complete a pre-employment health assessment, which will include a mantoux test for tuberculosis.
 - b. new hire candidates will also need to pass a background and reference check process.

When starting a position with Cerenity Senior Care you will need to complete new hire paper work, which includes documentation of eligibility to work in the United States. Copies of identification are required to start working. If you are unable to provide this documentation, it will delay your start date.

In order to be considered for any open positions, you must complete the **entire** application carefully and completely, including a signature. If you have a resume, please attach it to this completed application.

Applications will be kept active for up to 30 days. If you wish to update your application or request additional consideration, you must contact the Cerenity Senior Care facility you applied to.

Thank you for your interest in Cerenity Senior Care!

Applicants will receive consideration for employment without regard to any protected personal characteristic, including, but not limited to race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation and status with regard to public assistance or any other personal characteristic protected by federal, state or local law.

Please read thoroughly and sign below

I authorize investigation of my background including all information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is contingent upon satisfactory completion of Cerenity Senior Care pre-employment investigation which includes but is not limited to a health assessment, criminal history check, educational and work verification, reference checks, consumer report and any investigation required by local, state or federal laws.

Signature _____ Date _____

**REQUEST, AUTHORIZATION, CONSENT AND
RELEASE FOR INVESTIGATIVE BACKGROUND INFORMATION**

I understand that in processing my application, Cerenity Senior Care may procure an investigative background report on me. Information for this report may be obtained through personal interview(s), a review of information held by law enforcement or governmental agencies, present or former employer(s), school(s), financial institution(s), or other persons having personal knowledge about me.

I further understand that Cerenity Senior Care will use the services of Kroll Background America (“KBA”), a *consumer-reporting agency*, as an agent to procure this report.

These above mentioned reports may include, but are not limited to information as to my character, general reputation, and personal characteristics, motor vehicle records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Cerenity Senior Care, and *Kroll Background America* (“KBA”).

This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, Cerenity Senior Care will notify me if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that upon written request to KBA within a reasonable amount of time after the date indicated below, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Cerenity Senior Care. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to:

Kroll Background America
1900 Church Street, Suite 400
Nashville, Tennessee 37203
Attn: FCRA Disclosures/Reinvestigations
Phone: (615) 320-9800 ext. 280
Fax: (615) 321-9585

This consumer authorization serves as the required, stand alone, consumer notification that a report may be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee.

I understand that any decision to hire me is contingent upon the results of an investigatory report. I further understand that misrepresentation or omission of information will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

***Please provide me with a copy of my background investigation report.** Yes No

Print Name: _____ Social Security Number: _____
(For identification purposes only)

List former names under which you have been employed: _____

Signature: _____ Date: _____

Date: _____

Position Applying For:

Last Name, First Name, MI:



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Mission

The Mission of Cerenity Senior Care communities is to cultivate independence and dignity by empowering the people we serve in our faith-based partnership through innovation, compassion, and excellence.

Core Values

- Collaboration
- Hospitality
- Respect
- Stewardship



Date: _____

Position Applying For:

Other positions you may be interested in:

Last Name, First Name, MI: _____ **Prior or Maiden Name** _____ **Social Security Number** _____

Address

City _____ **State** _____ **Zip Code** _____ **County** _____

Home Phone _____ **Other Phone** _____ **Email Address** _____

<u>Hours Desired</u> <i>Circle All That Apply</i> Fulltime Parttime, #Hours _____ Casual	<u>Shifts Available</u> <i>Circle All That Apply</i> Days Evenings Nights	<u>Days Available</u> <i>Circle All That Apply</i> Mon Thurs Tues Fri Sun Wed Sat	<u>Pay Requirements</u> \$ _____
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How did you find out about position? If referred by an employee, please list name: _____

Are you 16 or older? Yes No Are you legally eligible to Work in the United States? Yes No

Have you ever been convicted, pled guilty or no contest to a crime? This includes misdemeanors, gross misdemeanors and felonies? Yes No If yes, give dates and explanation (where, when, etc.):

A conviction, guilty plea or no contest will not necessarily disqualify you for employment consideration.

Have you ever been excluded from Medicare or Medicaid program for conduct that would constitute a misdemeanor, gross misdemeanor or a felony under the law? Yes No If yes, please explain:

Have you ever been disciplined by a professional or state ethics or licensing board? Yes No
If yes, please explain:

EDUCATION

Education Background	Name of School City/State	Program of Study	# of Years Completed	Major/Degree
High School				
Business Trade				
College				
Graduate School				
Other (explain)				

LICENSE/CERTIFICATION Complete this section if a license/certification is required to perform the job which you are applying for.

Type License/Certification	State	Number	Expiration Date

PRIOR EMPLOYMENT:

Have you been employed at any Cerenity Senior Care facilities in the past? If yes, please complete the following: Dates: _____ To _____

Position Held _____ Facility _____ Reason for Leaving _____

WORK EXPERIENCE Indicate work experience beginning with your **current or most** recent position.

Employer		Telephone No.	
Street	Supervisor		Supervisor's Title
City, State, Zip Code	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title		Final Salary \$ _____ per _____	
Primary Job Duties			
Reason for Leaving		Dates Employed _____ To _____	

Employer		Telephone No.	
Street	Supervisor		Supervisor's Title
City, State, Zip Code	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title		Final Salary \$ _____ per _____	
Primary Job Duties			
Reason for Leaving		Dates Employed _____ To _____	

Employer		Telephone No.	
Street	Supervisor		Supervisor's Title
City, State, Zip Code	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title		Final Salary \$ _____ per _____	
Primary Job Duties			
Reason for Leaving		Dates Employed _____ To _____	

Employer		Telephone No.	
Street	Supervisor		Supervisor's Title
City, State, Zip Code	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title		Final Salary \$ _____ per _____	
Primary Job Duties			
Reason for Leaving		Dates Employed _____ To _____	

PERSONAL REFERENCE List any other references other than relatives, close friends, that we may contact.

Name	Address	Telephone	How do you know this person	Length of Acquaintance

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health reports substantial findings of maltreatment of minors and vulnerable adults to DHS.
2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
4. Known consequences that will arise from refusing to supply the requested information: Only items identified as “optional” may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.
5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.



Minnesota Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155-3842
telephone: 651-296-3971
tty: 651-282-6832

By signing the application form you indicate that you understand that any decision to hire you is contingent upon the results of an investigatory report. And you further understand that misrepresentation or omission of information will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.



Equal Employment Opportunity Questionnaire

Completion of this questionnaire is voluntary. This information is strictly confidential and is filed and tracked separately from the application. The information will not be used to make employment decisions.

NAME _____ Date: _____

Position applied for: _____

Sex: Female _____ Male _____

What Racial/Ethnic Category Do You Consider Yourself?

_____ AMERICAN INDIAN OR ALASKAN NATIVE All persons 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 All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDS A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ BLACK OR AFRICAN AMERICAN A person having origins in any of the Black racial groups of Africa.

_____ WHITE All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ HISPANIC OR LATINO A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ TWO OR MORE RACES All persons who identify with more than one of the above five races.

Did you serve active duty in the armed services (for a period of more than 180 days) between August 5, 1964 and May 7, 1975? Yes No

Are you entitled to disability compensation under laws administered by the Veterans Administration for disability rates at 30% or more, or are you a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty? Yes No

If Yes, list disability:

Do you (1) have a physical or mental impairment which substantially limits one or more major life activities, (2) have a secure record of such impairment, (3) are regarded as having such an impairment, or (4) have experienced difficulty, retaining or advancing in employment because of your handicap? Yes No