



**Paraprofessional  
Employment Application**

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alternate # \_\_\_\_\_

Languages spoken: \_\_\_\_\_ Social Security # \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Case Referred**

Name of Client: \_\_\_\_\_ (if applies)

**Transportation & Availability**

Drivers License: \_\_\_ Yes \_\_\_ No Car Availability: \_\_\_ Yes \_\_\_ No

Are you interested in: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Casual  
\_\_\_ Days \_\_\_ Evenings \_\_\_ Weekends \_\_\_ Nights

**Current License/Certificates**

Home Health Aide & Certified Nursing Assistant's: (Provide copy of certification)

Personal Care Assistant: \_\_\_ No \_\_\_ Yes (Provide copy of certification)

Please list any additional training and certifications \_\_\_\_\_

**Education**

College or Technical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**General Questions**

We require that our all aides and assistants have the ability to lift 50 pounds for transferring clients.

Do you have this ability? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony or a misdemeanor? \_\_\_ Yes \_\_\_ No

Do you give Equity Services permission to perform a background check? \_\_\_ Yes \_\_\_ No

\*Please fill out attached data collection work sheet\*

**Disclosure Statement**

I grant permission for any of the above information to be verified by Equity Services of St. Paul, Inc. This information will be confidential and will not disqualify me from employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Employment history – List most recent employer first:**

1) Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Employment \_\_\_\_\_ Months From \_\_\_\_\_ To \_\_\_\_\_

Job duties \_\_\_\_\_  
\_\_\_\_\_

Reason left employment \_\_\_\_\_

May we contact your last employer? \_\_\_ No \_\_\_ Yes Phone# \_\_\_\_\_

2) Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Employment \_\_\_\_\_ Months From \_\_\_\_\_ To \_\_\_\_\_

Job duties \_\_\_\_\_  
\_\_\_\_\_

Reason left employment \_\_\_\_\_

May we contact your last employer? \_\_\_ No \_\_\_ Yes Phone# \_\_\_\_\_

**How did you hear about Equity Services?**

\_\_\_ Public Health Listing \_\_\_ Web page \_\_\_ Job Fair \_\_\_ Family/Friend Name: \_\_\_\_\_

**What position are you applying for?**

\_\_\_\_\_

**Professional References**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_



EQUITY SERVICES  
*of St. Paul, Inc.*

AN EQUAL OPPORTUNITY EMPLOYER

**Please read carefully:**

As an affirmative action employer, 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.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provided will be used **only** to monitor our compliance with equal opportunity laws and regulations, and for no other purpose. **This form is not used for employment decisions.** If you have a disability and need accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

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Last	First	Middle	Date
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**Race/Ethnicity**

- Caucasian (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic Origin
- Asian or Pacific Islander
- Native American or Alaskan Native (not of Hispanic origin)

**Gender**

- Female
- Male

**Disability Status**

Are you a person with a disability?

- Yes
  - No
-

**MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES DATA COLLECTION  
WORKSHEET FOR EMPLOYEE/STUDENT BACKGROUND CHECK**

Full legal name: \_\_\_\_\_

(First Middle Last)

Gender: (circle one) Male or Female Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Race \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: (Country, state, city) \_\_\_\_\_

**Aliases: (All Name changes and dates are required)**

Other First Names: \_\_\_\_\_ Date \_\_\_\_\_

Other First Names: \_\_\_\_\_ Date \_\_\_\_\_

Other Last Names: \_\_\_\_\_ Date \_\_\_\_\_

Other Last Names: \_\_\_\_\_ Date \_\_\_\_\_

**Out of State Address in past 5 years: (All addresses and dates are required)**

Address: \_\_\_\_\_ Dates \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ Dates \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*Please attach a copy of a valid drivers license or state ID\*\***

By signing you acknowledge you have reviewed the attached MDH Criminal Background Check Privacy Notice and allow Equity Services of St. Paul to run a criminal background check using the information provided above.

\_\_\_\_\_  
Signature Date