



Caregiver Application

616 America Ave Suite 170, Bemidji, MN 56601

www.northwoodscaregivers.org

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(218) 333-8204

Date: _____ **Name** _____

Address _____ Phone (home) _____ (w) _____

City _____ State _____ Zip _____ DOB: _____ Sex: **M** or **F**

Mailing Address (if different) _____ Email _____

Help us find the right Carereceiver for YOU!

Previous Volunteer Experience: _____

Hobbies, interests: _____

Personal Strengths and/or assets: _____

Occupation (Past occupation if retired) _____

Languages Spoken: _____

Check individual groups you are comfortable working with:

Mentally Ill Developmentally Disabled Physically Challenged
 Senior Citizens Children (Ages 1-12 years) Community Events/Fundraising

Preferences (please check all that you are interested in):

Caregiver Support Services

Paid Respite Care (Must be a CNA, LPN or RN)
 Paid Homemaking Services
 Home Health (must be certified)

Local Transportation

Volunteer Shopping assistance
 Volunteer Medical Appointments
other: _____

(Volunteer Transportation offers Mileage reimbursement)

I am available:

Mornings (M-F) Afternoons (M-F) Evenings (M-F)
 Weekends Once a week As needed (On-Call List)

I am allergic to pets: Y/N I am willing to visit a smoker: Y/N I am willing to help: M/F

I prefer to help: _____ any place needed _____ through my congregation (please list below)

Please COMPLETE the following or your application will NOT be processed:

Have valid state driver's license? Y/N *Have Vehicle Insurance? Y/N Company: _____

Please provide a copy of your Driver's License if applicable or other form of identification

**If you do not have a driver's license, please answer the following questions:

- Eye color: _____ Hair color: _____ Height: _____ Weight: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Y/N

If yes, please explain: _____

Do you have any physical conditions that may limit your activities? Y/N

If yes, please describe: _____

What is your state of birth? _____

Emergency Contacts:

Name: _____ Phone: (____) _____

Primary Physician Name: _____ Location: _____

References (Please provide at least ONE work or volunteer reference):

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Relationship: _____

I hereby give consent for the Northwoods Caregivers to contact my references, and I will sign a separate form to consent to a routine criminal background check. I understand I must pay a ***\$10 deposit*** for the background check which will be returned to my 1st payment if contracted by Northwoods Caregivers and after I have provided 5 hours of said service – not needed for volunteers.

Signed: _____ Date: _____

Optional (may be helpful in making a match, and will also benefit as statistical information):

Race: ___ White ___ Hispanic ___ Native American ___ African American Other: _____

If Native American, what is your Tribe Affiliation: _____

Religion and congregation: _____

Have you ever served in the military? ___ Yes ___ No



Office of SHERIFF OF BELTRAMI COUNTY
613 Minnesota Avenue NW
Bemidji, MN 56601

Phil H Hodapp, Sheriff
Phone (218) 333-9111
Fax (218) 333-8325

Consent form for background check

Data Practices Advisory:

The Minnesota Data Practices Act requires you to be advised of the following:

As an applicant you are being asked to provide private data about yourself that will be used to check various databases to determine your eligibility.

You may refuse to provide this data. If you refuse the background check cannot be completed and your application may not be signed. Providing the data will permit the background check to be completed. The result of the check may either be affirmative or negative. The data you provide may be shared with other criminal justice agencies, via court order or as authorized or required by law.

Background checks will include accessing criminal history records, Department of Motor Vehicle records and various Department of Public Safety database including driver's license or other photographic identification to verify identity.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY

Signature: _____ Date: _____



APPLICATION FOR EMPLOYMENT

****ONLY** if applying for Homemaking or Home Health Aide,

ALL other applicants STOP HERE! 

NAME: _____

School	Name & Location	Graduated		Major Subjects	GPA
		Yes	No		

OTHER INFORMATION

Subjects of special study or research work:
Special Trainings/Certifications:
Activities(Civic, Volunteer, Athletic, etc.):

FORMER EMPLOYERS: List the last 4 employers, starting with the most recent or current employer

Date Month & Year	Name Address & Phone number	Salary	Position	Reason for Leaving
From:		\$		
To:		Per		
From:		\$		
To:		Per		
From:		\$		
To:		Per		
From:		\$		
To:		Per		

I authorize investigation of all statements on this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer be terminated at any time without any previous notice.

Signed: _____ Date: _____

APPLICANT – DO NOT WRITE ON THIS PAGE

Interviewed By:		Date:
Remarks:		
Neatness:		
Ability:		
Hired:	Dept:	Position:
Start Date:		Wage:
Approval:		
Signature: _____, Executive Director		
(Cindi Lee Jernigan)		