



## MATRIX TEAM HOME CARE

Phone: 952/525-0505  
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7550 France Ave S • Suite 210  
Minneapolis, MN 55435-5624

Greetings,

Thank for your interest in Matrix Team Home Care. Our office is in St. Louis Park and our clients are located throughout the Twin Cities. We have needs for hourly and live-in Home Health Aides, CNAs and LPNs.

Our approach to home care is unique. After we determine that you meet our criteria for hiring, we will form care teams for each client, and the client or family member interviews each caregiver before accepting the caregiver on the case. When you are selected to be on a care team, you will develop the schedule with other caregivers and must commit to covering absences for your team members.

To formally apply for a position with us, please complete the attached application packet. Please completely fill out all pages including page 5. Please provide us with at least 3 references. You can either fax or mail this application back to our office at the location above. When we receive this information and we determine you meet our criteria, we will call you to set up an interview with our Human Resources Director.

We are pleased you chose to apply for work with Matrix Team Home Care and look forward to viewing your application.

Sincerely,

Human Resources

Enclosure: Application for Employment

# APPLICATION FOR EMPLOYMENT

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Last                      First                      MI

**Address** \_\_\_\_\_  
Street                                      City                                      State                      Zip

**Position Desired (You MUST have weekend availability):** \_\_\_\_\_

## EDUCATION:

	Name/Address	Last year completed	GRADUATED		Degree/Major
			Yes	No	
High School/G.E.D		9 10 11 12			
College		1 2 3 4 5 6			
Grad. School		1 2 3 4			
Nursing School		1 2 3 4			
Other		1 2 3 4			



# Informed Consent Form

## Minnesota Department of Human Services

The following person has made application with Matrix AdvoCare Network/Matrix Team Home Care for employment:

Name of Applicant: \_\_\_\_\_  
Last First Full Middle

Date of Birth: \_\_\_\_\_

Driver's License # \_\_\_\_\_

I hereby authorize and grant my informed consent to permit you to release to and make available to Matrix AdvoCare Network/Matrix Team Home Care ["Matrix"] and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency.

I understand that the purpose of permitting Matrix and/or its agents and/or representatives to have access to this information is to determine my suitability for employment with that company. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the agency, including verification of my records and analysis by consultants to the company who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to Matrix and to you of that fact.

I further authorize a copy to be as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

## JOB SPECIFICS

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

Date available for employment \_\_\_\_\_ Salary expected \_\_\_\_\_

Shifts \_\_\_\_\_ Days \_\_\_\_\_ Part Time \_\_\_\_\_ Hours per week \_\_\_\_\_

\_\_\_\_\_ Evenings \_\_\_\_\_ Full Time

\_\_\_\_\_ Live in - Please specify \_\_\_\_\_

Days of the week: \_\_\_\_\_

Geographic Location \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. I am willing to work some weekends? \_\_\_\_\_ Yes **Must have weekend availability**
2. I am willing to work 12-hour shifts? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. I am willing to work overnight shifts? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. I am willing to travel within the Twin City metro area? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MATRIX TEAM HOME CARE REFERENCE FORM**

(Please provide at least 3 references)

Name of Applicant: \_\_\_\_\_

Name of Reference \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Reference \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Reference \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of Reference \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_