

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PERSONAL INFORMATION:

DATE: _____ START DATE: _____

____ FULL TIME ____ PART TIME ____ TEMPORARY REFERRAL SOURCE: _____

NAME: _____

BUSINESS NAME: _____ FORM OF ENTITY: _____

STREET ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ SS #: _____

E-MAIL ADDRESS: _____ DESIRED WAGE: \$ _____ AN HOUR

Have you ever been convicted of or charged with a felony or misdemeanor: _____ Yes _____ No If yes, please explain details in full, including dates, details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been the subject of any receivership proceedings within the last 7 years? _____ Yes _____ No

If YES, please provide full details, including dates, places, amounts involved and disposition:

EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
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EMPLOYMENT/WORK EXPERIENCE: Start with present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From: _____ To: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From: _____ To: _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From: _____ To: _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____

Company: _____ Position _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____ Position _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____ Position _____

Street Address: _____

City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: _____

Relationship: _____ How Long _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Name: _____

Relationship: _____ How Long _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Name: _____

Relationship: _____ How Long _____

Street Address: _____

City/State/Zip: _____ Phone: _____

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

I CERTIFY that the above answers are true and complete to the best of my knowledge.

I authorize Nu Horizons of Southern Minnesota, LLC, to investigate any statement contained in this application, and to obtain a credit report on me (and my company if this application is for reselling by a company) as necessary to determine my qualification. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview, may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of Nu Horizons of Southern Minnesota, LLC.

Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY

Applicant: _____ Phone: _____

Arrange Interview: Yes No Date: _____ Time: _____

Place: _____

Remarks: _____

Approved: Yes No Date: _____

By: _____

BACKGROUND STUDY

NOTIFICATION FOR RELEASE OF INFORMATION

(NEW APPLICANT)

You are hereby informed that the States(s) Bureau of Criminal Apprehension Unit(s), County Agencies, County Attorney's Offices, other States or a National Criminal Repository, the City Police Department(s), the County Sheriff's Department(s), the City Attorney's Office(s) or the local Investigative Unit(s) will be contacted for information regarding your continued licensure for one or more of the following:

Family Foster Home

Family Day Care Home

Adult Family Foster Home

Group Family Day Care Home

Emergency Relative Foster Care

Registered Non-Licensed Day Care

NATURE OF INFORMATION TO BE DISCLOSED

Minnesota Statutes, Section 245A.04, Subd. 3, requires that, before the Commissioner issues a license, the Commissioner shall conduct a study of applicants and license holders for criminal conviction date and reports about abuse or neglect of adults or maltreatment of minors from the county the applicant resides in. Individuals to be studied include the applicant, persons over age 13 living in the household where the program will be provided and current employees or contractors and volunteer's who will have direct contact with persons served by the program. A study of these persons shall be conducted on at least an annual basis by the Commissioner of Human Services or the Commissioner's designated representative.

Additional information to be disclosed will be arrest and investigative information if the Commissioner has reasonable cause to believe the information is pertinent to the disqualification of the individual as outlined under Minnesota Rules 9543.3070 Disqualification Standards.

DISCLOSURE: The information will be disclosed to:

Licensors at Le Sueur County Social Services, 88 South Park Ave., Le Center, MN 56057 Authorized Representative for the Commissioner of the Minnesota Department of Human Services.

I hereby acknowledge that I give permission or disclose the information as stated above. This permission expires one year from the date of my signature. I also understand that if I do not receive a letter of clearance within 15 business days of the initiation of this background study that additional time is necessary to complete the study.

Signature of Data Subject: _____ Date: _____

Signature of Parent or Guardian (if appropriate): _____ Date: _____

Notary Public (for Legal Non-Licensed Daycare Only)



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____

First Middle Last Race Sex DOB SS

am an applicant for the position of (insert name of position applied for) with

Nu Horizons of Southern Minnesota, LLC. _____

I authorize a review and full disclosure of all records, or any part thereof, about me to any authorized personnel of Nu Horizons of Southern Minnesota, LLC, whether the records are public or private, even if the records may be otherwise considered to be privileged or confidential. I intend this authorization to be used in providing information that will be used to determine my suitability of employment with Nu Horizons of Southern Minnesota, LLC.

This authorization is for the records of educational institutions; medical, psychological, and psychiatric consultation, and /or treatment; all military, selective service, and employment records; financial or credit institutions, credit reports or ratings; and criminal and /or traffic records.

All information in my application for employment with Nu Horizons of Southern Minnesota, LLC is true and complete to the best of my knowledge. I understand that all of the information in the application will be investigated. Any inaccurate, untruthful or misleading statement will be a reason for immediate rejection of the application without appeal.

If I need to update my application, I will send or bring the information to Nu Horizons of Southern Minnesota, LLC. A photocopy of this release will be valid as the original, even though the photocopy does not contain my original signature.

I agree to indemnify and hold harmless Nu Horizons of Southern Minnesota, LLC and all persons from all claims, demands, and causes of action, damages, losses, and expenses arising out of or because of any matter relating to this authorization.

Applicants Full Legal Signature: _____ Date: _____

Witness: _____ Address: _____

City, State, Zipcode: _____

NAME OF FACILITY OR PROVIDER REQUESTING LICENSURE OR ADOPTION

NAME OF INDIVIDUAL ON WHOM INFORMATION IS REQUESTED

Last Name: _____ First Name: _____

Middle Name _____ (no initials)

Street Address: _____

City: _____ County: _____ State & Zip _____

Maiden/Previous Names: _____

DOB: _____ DL #: _____ SS#: _____

Phone: _____

RACIAL/ETHNIC GROUP (please check one)

Black Am. Indian Hispanic Caucasian Asian/Pacific Islander

Unknown

PREVIOUS ADDRESSES (LAST 5 YEARS)

_____ I have lived at the present address for at least the past 5 years

_____ I have not lived at the present address for the past 5 years (if you checked fill out below)

Street Address: _____ City: _____ State: _____ County: _____ From Date: _____ To Date: _____

BACKGROUND STUDY

Notification for release of information to Nu Horizons of Southern Minnesota, LLC

I, _____ give permission to Nu Horizons of Southern Minnesota, LLC to do a background study on myself.

I hereby acknowledge that I give permission to disclose the information on myself to Nu Horizons of Southern Minnesota, LLC.

The Information will be disclosed to: Megan James, Executive Director of Nu Horizons of Southern Minnesota, LLC Address: 511 Hwy 60 West Elysian, MN 56028

Signature of Data Subject: _____

Date: _____

Signature of Parent or Guardian (if appropriate):

_____ Date: _____

Job Descriptions

Executive Director/ Designated Manager:

- Oversee QDDP, Human Resources, House Managers, and Direct Support Staff
- Maintain business licenses rules, regulations, and compliance of all services and understanding of all requirements
- Hiring, terminating, and completing employment evaluations
- Maintaining client and employee relationships
- Addressing grievances
- Scheduling
- Management and overseeing all of the day to day operations and services, and ongoing program improvements and effective plans
- Action taken to facilitate accomplishment of outcomes
- Design and use data systems to measure service effectiveness
- Provide and implement employee workshops and continuing education as required
- Ensuring CD duties are fulfilled
- Ensuring implementation of corrective action based on internal reviews
- Evaluating satisfaction by support team and ensure protection of rights
- Ensuring staff competency requirements are met.
- Ensuring corrective action when ordered by DHS
- Ensuring licensing and variance requirements are met
- Reports to QDDP and Executive Director
- Assists in staff training
- Medication management and MAR development oversight
- Coordinate consumer medical appointments and follow up (attend as needed)
- Oversee DSS are meeting and med administration and medical policy and procedures
- Conducting consumer reviews and communicating data collection
- Assisting in the archiving and maintain of consumer records
- Consumer crisis intervention and on-call as needed
- Executing and distribution of incident reports (follow up as needed)
- Mandated reporting
- Supervision, support, and evaluation of activities

- Coordinate the delivery and evaluations of services
- Instructions and assistance to staff implementing CSSP and outcomes
- Direct observation of service delivery to assess staff competency
- Evaluate effectiveness of service delivery, methodologies, and progress on outcomes

Human Resources:

- Bookkeeping
- Maintain client business financial records
- Maintain employee files
- Overseeing and maintaining employee and business compliance with MN rules and regulations
- Benefits coordinator
- Providing financial reports to directors and owners as requested
- Year financial preparation

QDDP:

- Reports to the Executive Director
- Providing oversight of the delivery services
- Care planning, developing programs, data collection, tracking, and overseeing the implementation of consumers programs
- Writes monthly reviews and prepares month end data collection
- Facilitates natural supports and community integration
- Oversees all nursing staff and employee education compliance
- Conducts training for all nurses and direct support staff
- Maintains record keeping of all employment training and consumer records
- Oversees all medication orders and MAR development
- Mandated reporting

Nursing Staff:

- Reports to QDDP, Designated Manager
- Medication management and MAR development
- All medication ordering
- Coordinate consumer medical appointments and follow ups (attend as needed)
- Oversee DSS are meeting med administration and medical policy and procedures
- Consumer crisis intervention and on-call as needed
- Mandated reporting

House Managers:

- Reports to QDDP and Designated Manager
 - House consumer's finances
 - Staff training in collaboration with other supervisory staff
 - Consumer Activity Schedules
 - Grocery Shopping
 - Day Pass arrangements
 - On-Call
 - Maintaining site compliance (running and charting emergency drills, testing detectors, etc)
 - Supervising Staff and implementing disciplinary actions
 - Weekly regulation of consumer programs and data collection with employee documentation
 - Monitoring house needs (car maintenance, cleaning, house purchase needs, etc)
 - Assist in staff meeting and workshops
 - Designated Manager and QDDP as needed
 - Consumer appointments as needed
 - Consumer crisis intervention as needed
 - Monitoring staff compliance weekly. (reports filed out properly put in black box, charting, HIPPA, Showing up for work, etc)
 - Reports employee and consumer grievances
 - Mandated reporting
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Direct Support Staff (DSS):

- Reports to House Managers
- Provide the level of care to consumers as needed
- Med administration (employees must be 18 years of age or older)
- Assisting in consumers ADL's
- Encouraging and assisting in consumers community involvement
- Hourly reporting
- Consumer documentation and data collection
- Implementing care plans and consumers programs
- Continue to meet the requirements of employment (maintain good driving record, drug and alcohol free while in the work place, and passing of background study)
- Following all company policy and procedures
- Transporting Clients as needed
- Mandating reporting

Drivers

- Transporting Clients as needed
- Mandating reporting
- Following all company policy and procedures
- Continue to meet the requirements of employment (maintain good driving record, drug and alcohol free while in the work place, and passing of background study
- Reports to House Managers and or Executive Director

Office Assistant

- Answer phones, filing, faxing, organizing, copying, scheduling appointments, and mailing. Assist with RN/QDDP, facilitating RN/QDDP and the Executive Director. Other miscellaneous duties as needed may need to assist with Real Estate needs, property photos, advertising etc.
- Daily needs for the QDDP: Scan referral forms from appointments to her email. Process changes and reports as needed return to her mail box or file.
- Weekly: Update PC computer with the info from the hard drive. Process routine consumer referral, report filing.
- Monthly: Financial reports to Guardian and Financial workers as need for their monthly reporting. Submit mileage reimbursement forms to County workers for reimbursement of medical mileage for clients.

Nu Horizons of Southern Minnesota

Job Description Signature Page

Name : _____ (print) Title: _____ (print)

Signature: _____ Date: _____



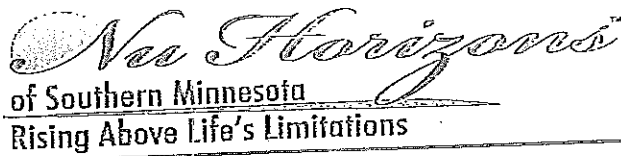
All job descriptions include the following requirements:

1. Must be able to read and write
2. Lift over 50 lbs
3. Pass a state background study
4. Pass a drug & alcohol test at time of hire and remain drug and alcohol free in the work place
5. Must have a valid MN drivers license/ID
6. Must be insurable by company car insurance with a rating of 2 or less
7. Must have a GED or high school diploma
8. Must be able to work independently
9. Are reachable by phone during duration of employment and will provide employer with current contact info at all times.

By signing below I acknowledge that I meet the above requirements and if I am unable to meet one or more of the above requirements I will notify management no later with my interview. Exceptions of the above requirements are at the sole discretion of the Executive Director.

Print Name: _____ Date: _____

Signature: _____



DRUG TESTING POLICY DISCOLOSURE AND CONSENT FORM POLICY

All new employees will be hired subject to passing a drug test prior to the date of employment. Any applicant who tests positive for illegal use of drugs will not be hired.

Any applicant who refuses to submit to a drug test or who interferes with the test will not be hired.

An applicant who has received a tentative job commitment from Nu Horizons of Southern Minnesota, LLC will have the opportunity, prior to testing at the lab, to list all prescriptions and non-prescription drugs used and their purpose during the last 30 days. Applicants subject to testing must sign prior to testing, an approved form consenting to the testing and consenting to the release of test results to the designated official.

CONSENT FORM

AS AN APPLICANT FOR A POSTION OF EMPLOYEMENT WITH *NU HORIZONS OF SOUTHERN MINNESOTA, LLC*, I HEREBY CONSENT TO A TEST FOR THE PRESENCE OF ILLEGALLY USED SUBSTANCES IN MY BODY. I UNDERSTAND THAT SHOULD THE PRESENCE OF ANY ILLEGALLY USED SUBSTANCE BE DETECTED AND CONFIRMED, I WILL NOT BE HIRED. I ALSO UNDERSTAND THAT SHOULD I REFUSE TO BE TESTED IN ACCORDANCE WITH THE ABOVE POLICY OR IF I INTERFERE WITH THE TEST, I WILL NOT BE HIRED.

I ALSO CONSENT TO THE RELEASE OF THESE TEST RESULTS TO A DESIGNATED COMPANY OFFICIAL, AND AGREE TO HOLD *NU HORIZONS OF SOUTHERN MINNESOTA, LLC* HARMLESS FROM ANY SUCH RELEASES PROVIDED FOR HEREBY.

APPLICANT SIGNATURE: _____

DATE: _____