



GOLDEN HEART SERVICES INC.

EMPLOYEE APPLICATION

Employee - CFSS Consultation Services

Thank you for your interest in joining Golden Heart Services Inc. Please complete all applicable sections.

Employees working directly with people receiving CFSS must meet Minnesota DHS requirements applicable to their role.

1 APPLICANT INFORMATION

Full legal name

Phone

Email

Address

City

State

ZIP

DOB

2 POSITION & SCHEDULE

CFSS Consultant: A CFSS Consultant helps participants and families understand and navigate Minnesota's CFSS program. Duties include providing person-centered consultation, assisting with service planning and budgets, explaining participant options and responsibilities, and maintaining accurate documentation. The consultant supports participant choice, independence, and informed decision-making while following DHS requirements.

☐ Part-time

☐ Full-time

Available Start Date

Preferred hours / schedule

3 EDUCATION

Highest education completed

☐ High School / GED

☐ Some College

☐ Associate Degree

☐ Bachelor's or Higher

School / institution

Year

Degree / certificate / field

License / credential (if applicable)



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Non-Lead Employee - CFSS Consultation Services

4 EDUCATION SUBSTITUTION (IF APPLICABLE)

Check one option if you are using an approved education substitution and describe the experience below.

- ☐ One year of full-time direct service to people with disabilities or people age 65 or older
- ☐ Experience coordinating or directing services for people with disabilities or people age 65 or older
- ☐ Experience coordinating or directing your own services

Briefly describe the experience used for the substitution (role, employer, dates):

5 EMPLOYMENT HISTORY

Your work experience. Include volunteer or unpaid experience when relevant.

Employer name

Phone

Job title

Dates employed

Briefly describe your duties and responsibilities



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6 ADDITIONAL EXPERIENCE / INFORMATION

Use the space below for additional work history, relevant experience, training, skills, or information.

7 PROFESSIONAL REFERENCE

Provide one professional reference, such as a previous employer, supervisor, or other professional contact.

Name	Relationship / organization
Phone	Email

8 BACKGROUND STUDY

☐ I understand that, if offered employment, I must complete a background study as required by Minnesota DHS for applicable CFSS employees.

9 APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may affect my eligibility for employment.

☐ I agree to the certification above.

Thank you for your interest in Golden Heart Services Inc.

Signature		Date	
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