



# APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Are you legally eligible for employment in the USA?  Yes  No

State age if under 18. \_\_\_\_\_

Are you able to accept a position that requires:

a. Driver's license?  Yes  No

b. Use of your automobile?  Yes  No

Position(s) applied for: \_\_\_\_\_

Would you work  Full time  Part time Specify days and hours if part time. \_\_\_\_\_

Were you previously employed by us?  Yes  No

If yes, when. \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Do you have any physical conditions that may limit your ability to perform the job for which you are applying?  
\_\_\_\_\_

**FOR PERSONNEL  
USE ONLY**

Routed to: \_\_\_\_\_

Date: \_\_\_\_\_

## WORK EXPERIENCE

I. Employer: \_\_\_\_\_ Position: \_\_\_\_\_

City/ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



II. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 City/ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employed from: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

III. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 City/ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employed from: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name/Address	Last Year Completed	Did you graduate?	Course of Study
High School		1 2 3 4		
College		1 2 3 4		
Other (specify)		1 2 3 4		

**REFERENCES**

Please list three employment/ professional references and one personal character reference.

	Name	Occupation	Address	Telephone #
Professional				
Professional				
Professional				



Other relevant experience, skills or qualifications: \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

**IMPORTANT, PLEASE READ AND SIGN:**

I hereby affirm that all statements are accurate, complete, and true to the best of my knowledge. I understand that if I knowingly give false information, I will not be eligible for employment with this agency. I authorize any person, school, current and past employer, and organizations named in this application to provide this agency with any information connected with this application, and I release such persons and organizations from any legal liability in making such statements. I understand that a background check may include an internet search. In addition, I acknowledge that at any time during employment, a physical, mental, health, chemical dependency, motor vehicle record report, or criminal history evaluation may be required if there is reasonable cause to believe the qualification requirements have not been met, or that the employee cannot provide the required care for the consumer(s). Failure to comply with any of these requirements will result in immediate separation from employment with this agency.

This application will be valid for 30 days from the date of submission, at which time a new application must be completed.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the agency my employment will be "at will", for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of the agency or myself.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DIRECT CARE QUALIFICATION STANDARDS

Please review this list of qualifications. **This listing is to be used to identify employee qualification standards for employment in positions that require contact with adults and children receiving services from Company Name.** This is not a complete listing of all qualification standards but rather a listing of those most critical. If an offer of employment is made to you, these qualification standards will be checked through the State Bureau of Criminal Apprehension, local District Court records, Department of Criminal Apprehension, Department of Human Services, County Social Services Agencies and Local Police Departments. Any of these standards, as well as other employment requirements, may be a disqualification for that employment offer.

1. Willingness to disclose your arrest, conviction and criminal history.
2. Conviction of, or awaiting trial for or admission of any of the following crimes:
  - Possession, use sale, manufacture and/or distribution of illegal drugs and simulated illegal drugs (M.S. sections 152.09, 152.096, 152.097)
  - Murder, manslaughter, aiding a person in a suicide or attempted suicide (M.S. sections 609.185 to 609.215)
  - Assault, harm caused by a dog, mistreatment of persons confined, mistreatment of residents or patients, use of drugs to injure or facilitate crime, robbery kidnapping, false imprisonment, depriving another of custodial or parental rights or abduction (M.S. sections 609.221 to 609.265)
  - Coercion, attempt to coerce, interfering with religious observance, bestiality, leaving the state to evade establishment of paternity, prostitution and related offenses or certain criminal sexual conduct (M.S. sections 609.27 to 609.345)
  - Incest, malicious punishment of a child or neglect of a child (M.S. sections 609.365, 609.377, 609.59)
  - Theft, possession of shoplifting gear, bringing stolen goods into the state, or receiving stolen property embezzlement of public funds (M.S. sections 609.52, 609.521, 609.525, 609.53, 609.54, 609.551, 609.821)
  - Arson, burglary, or possession of burglary tools (M.S. sections 609.561 to 609.563, 609.582, 609.59)
  - Forgery or aggravated forgery (M.S. section 609.625 or 609.63)
  - Adulteration, riot or terroristic threats (M.S. sections 609.6872, 609.71, 609.713)
  - Indecent exposure or use of minors in sexual performance (M.S. sections 617.23, 617.246)
3. Subject of an investigation for or admission to abusing or neglecting an adult or child (M.S. section 260.221 paragraph b).
4. Involuntary termination of your parental rights within the last five years (M.S. section 2610.221 paragraph b).
5. Diagnosis of mental illness or mental condition.
6. Abuse of prescription drugs.
7. Use of controlled substances (M.S. Chapter 152).
8. Abuse of alcohol.



**APPLICATION DATA SURVEY**  
**(COMPLETION OF INFORMATION IS VOLUNTARY)**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition handicap, sexual orientation, or any other legally protected status.

Date: \_\_\_\_\_

Position(s) applied for:  Direct Service Counselor  
 Management/Supervisory position  
 Office/Support Service Staff  
 Other: \_\_\_\_\_

Referral Source:  Advertisement  Employee  Relative  
 Walk-in  School  Private Employment Agency  
 Government Employment Agency

Name of Source (If Applicable): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping reporting and other legal obligations, we ask that you complete the applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one:  Male  Female  
Check one of the following Race/Ethnic Group:  
 White  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaska Native  
 Asian  
 Hispanic  
 Two or More Races  
Check one:  Disabled  Non-disabled

**TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE REOMVED BY EMPLOYER AND FILED SEPARATELY.**