



Application for Employment

Applicant Information – Please Print or Type

Position Applied for: _____ Date of Application: _____

Referral Advertisement Employee Relative Walk-in Other/Name of Source: _____
Source: Government Employment Agency Private Employment Agency _____

Have you filed an application here before? YES NO If yes, give dates: _____

Have you ever been employed here before? YES NO If yes, give dates: _____

Are you currently registered with the MN Department of Human Services NETStudy background service? Yes No

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #
City State ZIP Code

Phone: () _____ Best time to call: _____

Cell: () _____ E-mail Address: _____

May we contact you at work? YES NO If yes, work number & Best time to call: _____

Date Available for Work: _____ Type of employment desired: Full-Time Part-Time Temporary

Are you on lay-off and subject to recall? YES NO Will you travel if job requires it? YES NO

Will you work overtime if required? YES NO Do you possess a valid Minnesota Driver's license? YES NO

If you are under 18, can you furnish a work permit? YES NO Are you legally eligible for employment in this country? (Proof of U.S. Citizenship or immigration status will be required upon employment.) YES NO

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employment History			
Employer:		Phone: ()	
Address:		Immediate Supervisor and Title:	
Job Title:		Starting Hourly Rate/Salary: \$	Final Hourly Rate/Salary: \$
Summarize the nature of the work performed and job responsibilities:			
Dates Employed From:		To: Reason for Leaving:	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
Employer:		Phone: ()	
Address:		Immediate Supervisor and Title:	
Job Title:		Starting Hourly Rate/Salary: \$	Final Hourly Rate/Salary: \$
Summarize the nature of the work performed and job responsibilities:			
Dates Employed From:		To: Reason for Leaving:	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
Employer:		Phone: ()	
Address:		Immediate Supervisor and Title:	
Job Title:		Starting Hourly Rate/Salary: \$	Final Hourly Rate/Salary: \$
Summarize the nature of the work performed and job responsibilities:			
Dates Employed From:		To: Reason for Leaving:	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
Employer:		Phone: ()	
Address:		Immediate Supervisor and Title:	
Job Title:		Starting Hourly Rate/Salary: \$	Final Hourly Rate/Salary: \$
Summarize the nature of the work performed and job responsibilities:			
Dates Employed From:		To: Reason for Leaving:	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
Comments: (including explanation of any gaps in employment)			
Skills and Qualifications: Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.			

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank, and E. Major and Minor field of study (if applicable).

A. School	B. Years Completed	C. Degree/Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

List name and telephone number of three (3) business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider:

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

- *It is understood and agreed upon that any misrepresentation by me on this application or in my interview will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.*
- ***I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organization for furnishing such information.***
- *The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.*
- *This application is current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.*
- *The employer does not guarantee employment for any specified length of time. Employment is at the mutual consent of the employee and Mahube-Otwa Community Action Partnership, Inc., and can be terminated AT WILL by the employee or Mahube-Otwa Community Action Partnership, Inc.*
- *I understand it is the employer's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.*

Signature: _____ Date: _____

