



Employment Application

Qualified applicants are considered for employment without regard to race, color, creed, ancestry, sex, marital status, national origin, sexual orientation, age, physical or mental disability, religious affiliation, veteran status or status with regard to public assistance. Completion of the Affirmative Action Sheet is optional. Please let us know if you need assistance in completing this application.

Referral Source

- | | | |
|--|--|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Government Employment | <input type="checkbox"/> Private Employee Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Agency | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Walk-in | |

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you legally eligible for employment in this country? YES NO

Have you ever worked for our agency? YES NO If yes, when? _____

Type of employment desired Full Time Part Time Temporary Seasonal

Will you work overtime if required? YES NO

If no, please explain _____

Education

A. School	B. # of years	C. Degree/ Diploma	D. Major Field of Study	Minor (if applicable)

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Special Training

Additional Information

Disclaimer and Signature

I certify that all information I have provided is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute contract for employment for any specified period or definite duration. I understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, a criminal background check will be conducted. I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms as stated above.

Signature: _____ Date: _____

Central Minnesota Task Force on Battered Women Affirmative Action Reporting Form

The following information is **optional** for you to complete. The information is only used to complete necessary affirmative action reporting requirements. Individuals responsible for hiring will not see this information during the hiring process. This report will be kept in a private file separate from your applications.

~ Check All That Apply ~

Sex:

Male

Female

Race/Ethnic group:

White

Black

Hispanic

American Indian/Alaskan Native

Asian

Native Hawaiian/Pacific Islander

If Applicable:

Veteran

Disabled Veteran

Disabled Individual