



- Ampersand Families
- Annex Teen Clinic
- Asian Women United of Minnesota
- CAPI USA
- Confederation of Somali Community in Minnesota
- Emerge Community Development
- Family & Children's Service
- MACC CommonWealth
- Minnesota African Women's Assoc
- Pillsbury United Communities
- Phyllis Wheatley Community Center
- Plymouth Christian Youth Center

## APPLICATION FOR EMPLOYMENT

(Please Print in Ink or Type)

### APPLICANT INFORMATION

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

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

### POSITION INFORMATION

Position Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Salary Requirements: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

### AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive consideration for employment, regardless of their race, color, creed, religion, national origin, gender, disability, age, marital status, ancestry, sexual preference, or status with regard to public assistance.

## WORK EXPERIENCE

Please provide your employment history, starting with most recent.

Company Name:	Position Title:
Street Address:	Description of Duties:
City/State/Zip:	
Employed from: _____ to _____ Last Salary: \$ _____ Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Consultant/Contract	Full Name of Supervisor: _____ Phone # _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for leaving:	

Company Name:	Position Title:
Street Address:	Description of Duties:
City/State/Zip:	
Employed from: _____ to _____ Last Salary: \$ _____ Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Consultant/Contract	Full Name of Supervisor: _____ Phone # _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for leaving:	

Company Name:	Position Title:
Street Address:	Description of Duties:
City/State/Zip:	
Employed from: _____ to _____ Last Salary: \$ _____ Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Consultant/Contract	Full Name of Supervisor: _____ Phone # _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for leaving:	

Company Name:	Position Title:
Street Address:	Description of Duties:
City/State/Zip:	
Employed from: _____ to _____ Last Salary: \$ _____ Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Consultant/Contract	Full Name of Supervisor: _____ Phone # _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for leaving:	

*You may attach your resume if you would like to provide further information. The above information still needs to be completed even if you have included your resume.*

**EDUCATION/TRAINING**

	Name & Location	Field of Study	Grade/Degree Completed
High School or GED Equivalent			
College/University			
Technical/Vocational			
Other Training (including military training)			

Please list any other professional licenses or certifications you may have: \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Please list three persons who are not related to you and are not previous employers, who would have knowledge of your qualifications for the position you are seeking.

Name: _____ Relationship: _____	Phone #: _____ Years Acquainted: _____
Name: _____ Relationship: _____	Phone #: _____ Years Acquainted: _____
Name: _____ Relationship: _____	Phone #: _____ Years Acquainted: _____

**APPLICABLE SKILLS AND APTITUDES**

You may wish to include software/hardware used; positions held in civic, community or school organizations; involvement in professional societies; special training, languages, or other skills that you feel qualify you for this position.

\_\_\_\_\_  
 \_\_\_\_\_

**APPLICABLE VOLUNTEER OR INTERN EXPERIENCE**

Type of Experience	Agency or School Name & Address	Date	Contact Person & Phone Number

**GENERAL INFORMATION**

How were you referred to us? \_\_\_\_\_

Have you ever applied for employment here before?  Yes  No If so, when? \_\_\_\_\_

Have you worked for this Agency before:  Yes  No If yes, when? \_\_\_\_\_

# AUTHORIZATION

**Please read carefully and complete all questions before signing:**

All offers of employment are conditional subject to investigation of all statements made in this application.

1. Have you been convicted of a misdemeanor, such as speeding, parking, or other minor traffic rules that apply to driving a car?  No  Yes

Briefly Describe: \_\_\_\_\_

2. Have you ever been convicted of any felony or misdemeanor (other than those listed above), including major traffic offense(s), such as driving under the influence (DUI)?

No  Yes (see below)

3. **Licensed Teacher:** Have you ever had disciplinary actions taken against you as a result of sexual misconduct or attempted sexual misconducts with a student? Disclosure mandated by Minnesota Statutes 123B.03.  No  Yes (see below)

**If you checked "Yes" to Question 2 or 3, please write an explanation describing the crime, violation, or disciplinary action taken against you. Include the county, state, and the school/school district (if applicable); date of the conviction or disciplinary action taken by school authority; and the nature of any rehabilitation on a separate piece of paper. Attach your statement to this application.**

**The existence of a criminal record does not constitute an automatic exclusion from employment.**

I certify, to the best of my knowledge, that all information provided by me on this application is true and complete. I understand that any false or misleading statements made by me in the application process are sufficient reason for my not being hired or for my dismissal if I am already employed no matter when discovered.

I understand and agree that, if, in the opinion of the Agency, the results of the criminal background screening are unsatisfactory, an offer that has been made may be withdrawn or my employment with the Agency may be terminated.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Agency and myself for employment. No promise regarding employment has been made to me, and I understand that no such promise is binding upon the Agency unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason and the Agency retains the same right regarding the discontinuation of my employment.

I hereby acknowledge that I have read the above statement and understand it. I agree to its terms.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

To aid in verification, list any other name(s) under which school, employment, or other records are kept:

(Please Print) \_\_\_\_\_