

**EMPLOYEMENT APPLICATION**



**7691 Central Ave NE, Suite 202**

**Phone: 763-250-7429**

**Fridley, MN 55432**

**Fax: 763-219-4949/763-333-0467**

Programs services and employment are equally available to everyone. Please inform the HR department if you require reasonable accommodation or interview.	Date of interview (Month/Day/Year) / /
How were you referred to us:	Position Applied for:

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit? Yes  No  If no, please explain: \_\_\_\_\_

Have you ever worked for this company? Yes  No  If yes, when? \_\_\_\_\_

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

Type of employment desired: Full-Time  Part-Time  Temporary

Driver's license number: \_\_\_\_\_ Expiration date \_\_/\_\_/\_\_

Have you lived outside of Minnesota in the past 5 years? Yes  No  If Yes, Please list the state(s) and date range. \_\_\_\_\_

Have you had any prior names/aliases? Yes  No  If Yes, Please list them.  
\_\_\_\_\_

**Education History**

Name & location of high school: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Name & location of college: \_\_\_\_\_ Years attended: \_\_\_\_\_

Degrees completed: \_\_\_\_\_ Other subjects studied: \_\_\_\_\_

Trade, Business or Correspondence school: \_\_\_\_\_ Years attended: \_\_\_\_\_

Subjects studied: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

**Required Professional Licenses/Professional Qualifications**

Professional License/Qualifications	License Number	Date Issued	Date Expire/Renewal
Dementia Training			
RN/LPN/NAR			
Vaccines/TB			
HIPPA Training			
CPR/First aid			
PCA Certificate			

**Previous Employment (begins with most recent position)**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held \_\_\_\_\_

Company Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

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

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held \_\_\_\_\_

Company Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

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

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held \_\_\_\_\_

Company Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

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

May we contact this employer for a reference?  Yes  No

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws”.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_