



CHOICE, unlimited

1829 E. Superior St. • Duluth MN 55812 • V (218) 724-5869 • TTY (218) 724-3546 • Fax (218) 724-0359

Creating & Having Opportunities in Community Environments

Application for Employment

An Equal Opportunity Employer

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Opportunity. We have adopted an Affirmative Action Program to ensure that all applicants and associates are considered for hire, promotion and job status without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected classes.

Position(s) Applied For	Date of Application	How did you hear about this position/program?

Personal Information

Last Name	First Name	Initial	Telephone Number(s)
Street Address			Social Security Number
City	State	Zip	Date available for work

In case of emergency, notify:

Name	Address	Telephone

I am interested in working: (Please check all that apply)

<input type="checkbox"/> Full-time	<input type="checkbox"/> Weekend hours	<input type="checkbox"/> AM
<input type="checkbox"/> Part-time		<input type="checkbox"/> PM

Please indicate specific hours if you have restrictions:

How many miles are you willing to travel to location of employment?

Have you ever filed an application with us before?	<input type="checkbox"/> Yes (Date) _____	<input type="checkbox"/> No
Have you ever been employed with us before?	<input type="checkbox"/> Yes (Date) _____	<input type="checkbox"/> No

Are you able to perform the job you are applying for? Yes No If no, what accommodations can be made?

Please describe any prior training and/or experience you have had working with people who have disabilities.

Employment History

We may contact employers listed below unless you indicate those you do not want us to contact.

Do not contact
Employer Number(s)

Reason

Please give employment information beginning with most recent position.

1.

Employer	Job title Supervisor	Dates Employed From: To:
Address	Reason for leaving	Hourly rate/Salary Starting: Final:
City/State/Zip	Work Performed	
Telephone(s)		

2.

Employer	Job title Supervisor	Dates Employed From: To:
Address	Reason for leaving	Hourly rate/Salary Starting: Final:
City/State/Zip	Work Performed	
Telephone(s)		

3.

Employer	Job title Supervisor	Dates Employed From: To:
Address	Reason for leaving	Hourly rate/Salary Starting: Final:
City/State/Zip	Work Performed	
Telephone(s)		

4.

Employer	Job title Supervisor	Dates Employed From: To:
Address	Reason for leaving	Hourly rate/Salary Starting: Final:
City/State/Zip	Work Performed	
Telephone(s)		

5.

Employer	Job title Supervisor	Dates Employed From:	To:
Address	Reason for leaving	Hourly rate/Salary Starting:	Final:
City/State/Zip	Work Performed		
Telephone(s)			

Education

	Name/Address of School	Number of Years Attended	Did you Graduate?	Degree/Certificates Received or in Process
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major: Minor:
Vocational, Business or Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree: Major: Minor:
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal References:

Give below the names of three additional references whom you have known at least one year (no relatives or former employers). Please note that we may contact these people for reference information.

Name & Occupation	Full Address	Phone	Relationship to You	Years Acquainted

Driving Status:

Do you have a valid Driver's License? Yes No Driver's License # _____
If no, please explain: State: _____

For insurance purposes, we will need the following information. Please indicate below if your driving record reflects any of the following violations: (Please feel free to add explanatory comments in space below.)

_____ More than two moving violations, accidents, or combination during the past three years.

_____ A conviction for reckless driving, DWI, careless driving, drug related offenses, suspension or revocation of license during the past ten years.

_____ A felony conviction involving the use of a motor vehicle during your lifetime.

Employment Eligibility

1. Are you 18 years of age and older? Yes No

2. Are you legally eligible for employment in the USA? Yes No
(Proof of citizenship or immigration status shall be required upon employment.)

3. Have you every been convicted of any offenses such as homicide, crimes against the person, crimes of compulsion, sex crimes, incest, theft and burglary, arson or obscene phone calls? Yes No

4. Further Comments:

PLEASE READ

The Minnesota Department of Human services regulations require that employees not present a risk of transmission of reportable communicable diseases; are free of chemical abuse, and have physical and mental abilities to perform job responsibilities. We are also obligated to contact your past employers over the last 5 years in the mental health/human service field to request information concerning the occurrence of sexual contact with clients/patients.

Applicant Verification of Truthfulness/Employment-at-will Disclosure

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I further understand that the employment policies and practices of this organization are subject to modification, revocation, suspension, termination, or change by the organization at any time with or without notice. Furthermore, such policies and practices contained in the employee handbook do not constitute a contract between the organization and me. I understand that the organization will apply such policies and practices to particular situations as it deems to be in the best interest of the organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide buy all rules and regulations of the employer.

Signature _____ Date: _____

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected classes.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept anonymous and in a Confidential File and are not a part of your Application for Employment or personnel file. **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check One Of The Following : (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Veteran with Disability	<input type="checkbox"/> Individual with Disability



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I, _____, give CHOICE, unlimited permission to conduct an MVR (Motor Vehicle Report) of my driving record to be used in determination of hire.

The report of your driving record will be maintained by CHOICE, unlimited for two years. CHOICE, unlimited will not disclose this information to any other person, agency or organization requesting this information.

Signature: _____ Date: _____

DATE: _____

NAME: _____

Please fill out the following information.

1. Do you have a vehicle, valid driver license and verification of insurance?
2. Please list when are you available to work?
3. Do you have any CPR/First-aid training? If not, would you be willing to take the training?

Applicant: SIGN AND DATE ONLY *The reference will be chosen from your application.*

Applicant Information Release

I hereby authorize any person, educating institution, or company I have listed as a reference below to disclose any person, educating institution, or company I have listed as a reference below to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold any prior company, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

Reference:

Company/Organization, Educational Institution, Person's

Name: _____

Address: _____

Phone Number: _____

Applicant: SIGN AND DATE ONLY *The reference will be chosen from your application.*

Applicant Information Release

I hereby authorize any person, educating institution, or company I have listed as a reference below to disclose any person, educating institution, or company I have listed as a reference below to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold any prior company, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

Reference:

Company/Organization, Educational Institution, Person's

Name: _____

Address: _____

Phone Number: _____

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Signed: _____

Date: _____

Reference:

Company/Organization, Educational Institution, Person's

Name: _____

Address: _____

Phone Number: _____