

Employment Application



★ Minnewaska
Therapy Services

★ Minnewaska
Home Care

★ Holly Ridge Manor
Assisted Living

★ Minnewaska
Lutheran Home

PO Box 40
Starbuck, MN 56381
Ph: 320.239.2217 Fax: 320.239.2219

Minnewaska Community Health Services

Application For Employment (An Equal Opportunity Employer)

Personal Information

Date _____

Name _____
Last First Middle

Address _____
Street City/ State Zip Code

Phone () _____ Social Security Number _____ - _____ - _____

Are you prevented from lawfully becoming employed in this country because of visa or immigrations status? YES () NO ()

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire with your present employer? _____

Referred by _____

Education

	Name and Location of School	# Years Attended	Did You Graduate?	Field of Study
High School				
College				
Trade or Business				
Other				

General

Subjects of special study or research work _____

Professional License # _____ Type _____ State _____

Special Skills _____

Activities: (Civic, Athletic, etc) _____
Exclude organizations, the name of which indicates the race, creed, status, color, nation of origin of it's members, and any other MN or legally protected status.

US Military or Naval Service _____ Rank _____

Present membership in National Guard or Reserves _____

Former Employers (List previous three employers, starting with the last one first)

Dates of Employment	Name and Address of Employer	Salary	Position	Reason Left
	Phone ()			
	Phone ()			
	Phone ()			

Which of these jobs did you like best? _____

What did you like most about this job? _____

References Please list 3 people (not relatives) to whom you have known at least 1 year

Name	Address	Occupation	Years Acquainted
	Phone ()		
	Phone ()		
	Phone ()		

I certify that all the information submitted on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered that my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and without notice, at any time by the company. I understand that no company representative, other than its administrator, and then only in writing and signed by the administrator, has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature _____ Date _____

APPLICANT- PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks: _____

Hired: Yes No Position: _____ Department: _____

Salary/wage: _____ Date reporting to work: _____

Approved: 1. _____ 2. _____ 3. _____

Background Study Information

(Please Print)

Last Name _____ First _____ Middle _____

Other First Names You Have Used _____

Other Last Names You Have Used _____

Birth date _____ - _____ - _____ Social Security Number* _____ - _____ - _____

Address _____
Street City/ State Zip Code

Telephone* (____) _____ - _____

MN Drivers License/ MN State ID _____

Gender (Circle): Male Female

Race* (circle)

Asian	Pacific Islander	African American	Hispanic/Latino
Native American	White	Unknown/Other	Two or more

Privacy Notice:

Your privacy rights are outlined in a separate notice entitled "Background Study Privacy Notice" (dated 9/1/2003). It is available from the agency who is initiating this study of you, or by calling 651-296-3971 (voice) or 651-282-6832 (TTY).

OPTIONAL:

Items marked with an asterisk (*) are optional. All other information is required.



Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider all applicants for positions without regard to race, color, religion, sex. National origin, citizenship, age, mental or physical disabilities, veteran/ reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date _____

Referral Source (circle one)

Walk-In _____ Government Employment Agency _____ Private Employment Agency _____

Employee _____ Relative _____ School _____

Advertisement— source _____ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Phone (____) _____
Last First Middle

Address _____
Street City/ State Zip Code

Gender (circle one)

Male Female

Please circle one of the following Equal Employment Opportunity Identification Groups

American Indian/ Alaskan Native _____ Hispanic/ Latino (White races only) _____ White _____ Black/ African American _____
Native Hawaiian/ Other Pacific Islander _____ Hispanic/ Latino (all other races) _____ Asian _____

For Administrative Use Only

Position(s) applied for (circle one) Available Not Available Other

Other positions considered for _____

Hired (circle one) Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled? (circle one)

Officials and managers _____ Sales workers _____ Operatives (semi-skilled) _____
Professionals _____ Office and clerical workers _____ Laborers (unskilled) _____
Technicians _____ Craft Workers (skilled) _____ Service Workers _____

Notes _____

Completed by _____ Date ____/____/____