



A.B.L.E. USE ONLY

Date
Rec'd: _____

By: _____

EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, gender, genetic information, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative _____	

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Telephone Number(s)			
Email Address			

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ___ No ___

Have you filed an application with us previously? Yes ___ No ___
 If Yes, give date _____

Have you been employed with us previously? Yes ___ No ___
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes ___ No ___

Are you currently employed? Yes ___ No ___
 If Yes, may we contact your present employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ___ No ___
Proof of citizenship or immigration status will be required upon employment

Are you available to work: Date available for work ____/____/____

Full-Time (34+ hrs. per week- rotation of early a.m.'s/mid-afternoon/evenings during the week, and every other weekend)

Part-Time (<34 hrs. per week- weekends/early a.m.'s & p.m.'s during the week.)

Substitute (please indicate availability: _____)

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___
A criminal record does not constitute automatic bar to employment and will be considered only as it relates to the job in question.

EDUCATION	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree (yes or no)
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify				

Describe any specialized training, apprenticeship, skills.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the position for which you have applied? A review of the activities involved in the position has been given.

Yes No

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING

APPLICANT'S STATEMENT

I certify that answers given on this application are true and complete.

I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time or not.

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 the authorized executive of this 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 by all rules and regulations of the employer.

Applicant Signature _____
Date

EMPLOYMENT HISTORY

1. Employer		Dates Employed		Job Title/Work Performed
		From	To	
Street Address				
City	State	Zip		
Phone # () -	Fax # () -	Hourly Rate/Salary		
Supervisor Name and Company email		Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Job Title/Work Performed
		From	To	
Street Address				
City	State	Zip		
Phone # () -	Fax # () -	Hourly Rate/Salary		
Supervisor Name and Company email		Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Job Title/Work Performed
		From	To	
Street Address				
City	State	Zip		
Phone # () -	Fax # () -	Hourly Rate/Salary		
Supervisor Name and Company email		Starting	Final	
Reason for Leaving				
4. Employer		Dates Employed		Job Title/Work Performed
		From	To	
Street Address				
City	State	Zip		
Phone # () -	Fax # () -	Hourly Rate/Salary		
Supervisor Name and Company email		Starting	Final	
Reason for Leaving				

(If you need more space please attach a separate sheet of paper)

REFERENCES

1. Name	Phone #
Street Address	City State Zip
2. Name	Phone #
Street Address	City State Zip
3. Name	Phone #
Street Address	City State Zip

1700 Lancer Blvd.
La Crescent, MN 55947
Phone (507) 895-8111 x1312
Fax (507) 895-4505



RELEASE OF INFORMATION FOR EMPLOYMENT REFERENCE

Applicant's Authorization

I consent to and authorize the named reference or employer, and its agents and employees, to furnish any information concerning me, including achievement, performance, character, attendance, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the named reference or employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any information provided pursuant to this authorization or any attempts to comply with this information. I understand that this Release of Information form will be photo copied and sent to named employers or references and is as valid as the original.

Applicant Name: _____ Social Security #: XXX-XX-_____

Name While Employed (if different): _____

Applicant's Signature: _____ Date: _____

TO REFERENCE:

Please furnish the following information for above named person. The applicant understands that the information you provide is confidential.

Record of Employment:

Position Held: _____ Dates Employed: _____

Reason For Leaving: _____ Eligible for Rehire? Yes No

Has the individual ever been disciplined or discharged for sexual harassment, fighting, assault or safety rules violation?

To the best of your knowledge, has this person been terminated from, or resigned from, any place of employment due to client abuse, neglect or mistreatment?

Please rate the following:	Excellent	Good	Average	Fair	Poor
Basic Work Skills/Knowledge					
Communication Skills					
Initiative/Ambition					
Reaction to Authority/Cooperation					
Attendance/Dependability/Punctuality					
Poise/Maturity/Leadership					

Additional Comments: _____

Name of Writer _____ Title _____

Signature of Writer _____ Company _____

Address _____

Phone _____ Date _____