



APPLICATION FOR EMPLOYMENT

Supporting People with Disabilities Throughout the Community since 1972

810 4th Ave. South ♦ Suite 156 ♦ Moorhead, MN 56560
Phone: (218) 233-8657 Fax: (218) 236-5983

CONTACT INFORMATION

NAME: _____
First Middle Last

PRESENT ADDRESS: _____
Street Address City State Zip

PERMANENT ADDRESS: _____
Street Address City State Zip

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMPLOYMENT INTEREST

APPLICATION DATE ____/____/____ POSITION APPLYING FOR: _____

REASON FOR APPLYING AND QUALIFICATIONS:

TYPE OF EMPLOYMENT DESIRED: Full Time Part Time WAGE/SALARY DESIRED: _____

HAVE YOU PREVIOUSLY APPLIED WITH OR WORKED FOR CONNECTIONS? Yes No
If yes, please provide date(s) and position(s) _____

ARE YOU CURRENTLY CERTIFIED IN: First Aid CPR

REFERRAL SOURCE

Please check the appropriate category and name the source (where applicable)

- | | |
|--|--|
| <input type="checkbox"/> Walk-In _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Employee Referral _____ | <input type="checkbox"/> School Posting _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Career Fair _____ |
| <input type="checkbox"/> Connections Website _____ | <input type="checkbox"/> Other _____ |

POSITION-SPECIFIC INFORMATION

CAN YOU PROVIDE PROOF THAT YOU ARE 18 YEARS OF AGE OR OLDER? Yes No

CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE U.S.? Yes No

If no, please explain: _____

HAVE YOU EVER BEEN CONVICTED OF ABUSE? Yes No

If yes, list county and state: _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST SEVEN (7) YEARS? Yes No

If yes, please explain: _____

DO YOU HAVE A CURRENT DRIVER'S LICENSE? Yes No State _____ License Number _____

Expiration Date _____

DO YOU HAVE A CLEAR DRIVING RECORD? Yes No

If no, please explain: _____

CAN YOU PROVIDE PROOF OF CURRENT INSURANCE ON YOUR AUTOMOBILE? Yes No

If no, please explain: _____

PERFORMANCE OF DUTIES

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMODATIONS? Yes No

If you are to be hired as an employee with Connections, you may be asked to assist clients in daily personal care such as hygiene (bathing, hair care, etc.), toileting (including catheters), dental care and more. Client care may consist of occasional lifting or assistance with carrying. At times, you may be required to redirect clients who are showing verbally or physically aggressive behaviors.

Please list any concerns you have regarding your ability to perform any/all aspects of the position you are applying for: _____

EDUCATION

	NAME/LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE OBTAINED
HIGH SCHOOL		Yes No	
COLLEGE		Yes No	
OTHER		Yes No	

Starting with your most recent employer, provide the following information:

Employer		Telephone Number ()	
Street Address		City	State Zip
Starting Job Title	Starting Wage	Ending Job Title	Ending Wage
Immediate Supervisor for most Recent Position		May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Dates Employed	To	Reason for Leaving	
Summarize Job Responsibilities			

Employer		Telephone Number ()	
Street Address		City	State Zip
Starting Job Title	Starting Wage	Ending Job Title	Ending Wage
Immediate Supervisor for most Recent Position		May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Dates Employed	To	Reason for Leaving	
Summarize Job Responsibilities			

Employer		Telephone Number ()	
Street Address		City	State Zip
Starting Job Title	Starting Wage	Ending Job Title	Ending Wage
Immediate Supervisor for most Recent Position		May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Dates Employed	To	Reason for Leaving	
Summarize Job Responsibilities			

Please explain any gaps in your employment other than those due to personal illness, injury or disability: _____

If not addressed above, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

AVAILABILITY

Please Indicate the days/times you are available to work:

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Preferred Shift Length:

1-4 Hour Shifts	<input type="checkbox"/>
4-8 Hour Shifts	<input type="checkbox"/>
8-12 Hour Shifts	<input type="checkbox"/>
12-24 Hour Shifts	<input type="checkbox"/>
24-48 Hour Shifts	<input type="checkbox"/>

Preferred Number of Hours Per Week:

<input type="checkbox"/> 0-19 Hours (Part Time-No Benefits)
<input type="checkbox"/> 20-31 Hours (Part Time-w/ Benefits)
<input type="checkbox"/> 32-40 Hours (Full Time-w/ Benefits)

REFERENCES

List three **personal** references that are NOT related to you:

Name _____ Phone Number_(_____)_____ - _____

Address _____
Street Address City State Zip

Email Address _____ Years Known _____

Name _____ Phone Number_(_____)_____ - _____

Address _____
Street Address City State Zip

Email Address _____ Years Known _____

Name _____ Phone Number_(_____)_____ - _____

Address _____
Street Address City State Zip

Email Address _____ Years Known _____

CONNECTIONS is an equal opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state or local law including race, color, creed, religion, age, sex, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, sexual preference, membership or activity in any local commission, status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding protected characteristics, nor imply any limitations, preference or discrimination.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, Connections, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable federal, state and local laws.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply by filling out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Director of Connections.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to: (1) eliminate me from further consideration for employment or (2) may result in my immediate discharge from Connections, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____