



**Providing Community Based Day Training
and Habilitation Services to Individuals
with Developmental Disabilities**

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Name

Date

Position Applying For

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, affectional preference, or the presence of non-job-related medical condition or disability.

PLEASE PRINT IN INK OR TYPE

Date of Application	Date Available for Work
Position Applying For	Salary Requirements

NAME _____
Last First Middle Phone Number

Please list your addresses for the past five (5) years. Start with the present year.

Street Address	City	County	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GENERAL INFORMATION

How were you referred to us?

Please describe the skills and aptitudes that you feel qualify you for a position (you may wish to include activities and positions held in civic, community and school organizations, professional societies or special training and skills).

Have you ever applied for employment here before? _____ If so, when? _____

Are you a United States citizen? _____ If not, do you have working papers? _____

Is there any type of work which your physical condition prohibits, or have you been advised, by a physician, not to perform certain types of work? _____

If so, explain _____

Do you possess a MN Driver's license? _____

What computer hardware/software have you used? _____

What office machines/equipment can you operate? _____

WORK EXPERIENCE

Starting with **Present** or **Most Recent**, list past four (4) places of employment. Include self-employment, summer and part-time jobs and those while attending school and in military service. Employment date required only for positions held in the past five (5) years.

Company Name			
Address:			
DATES EMPLOYED	From	To	Last Salary
Position Title and Description of Duties			
Full Name of Supervisor		Phone Number	
Reason for leaving. If discharged, or asked to resign, please explain.			

Company Name			
Address:			
DATES EMPLOYED	From	To	Last Salary
Position Title and Description of Duties			
Full Name of Supervisor		Phone Number	
Reason for leaving. If discharged, or asked to resign, please explain.			

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Full Name of Supervisor		Phone Number
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Company Name		
Address:		
DATES EMPLOYED	From	To Last Salary
Position Title and Description of Duties		
Full Name of Supervisor		Phone Number
Reason for leaving. If discharged, or asked to resign, please explain.		

May we contact the employers listed above? _____ Please indicate which ones you do not want us to contact. _____

OTHER APPLICABLE WORK, VOLUNTEER OR INTERN

Experience	Where	Dates	Contact Person

REFERENCES

Name and Occupation	Address	Phone Number	Years known

EDUCATION

School Name	Address, City and State	Dates Attended Month/Year/Degree	Major/Minor Field of Study	Did You Graduate?
High School				
College				
Business Vocational				
Graduate Study				
Special Training				

AUTHORIZATION

PLEASE READ BEFORE SIGNING

I certify that all information provided on this application is true and complete. I authorize the verification of this information and release of grade transcripts and additional information pertinent to my employment. I understand that if anything proves to be contrary to what I have stated herein, it may be grounds for my dismissal.

Signature of Applicant

Date

To aid in verification, list any other name(s) under which school or employment records are kept.

***If you would like to provide further information, please attach a resume.*

eQuality, Pathways to Potential is bound only by written agreements signed by an officer of the organization. The agency is not bound by any verbal representations made during the employment process.

