

Application for Employment



PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: _____ Date of application: _____

Referral source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other: _____

Name of source (if applicable): _____

Name: _____
Last First Middle

Address: _____ Social Security # _____
P O Box Street City State Zip

Telephone: (____) _____ Cell/Msg/Other Phone: (____) _____ Email: _____

If necessary, the best time to call you is: _____: _____ am/pm

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ (____) _____: _____ am/pm

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? _____ Yes No

If yes, give dates. _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-Op

Will you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? Yes No If no, please explain: _____

What languages do you speak and understand? _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes No

If yes, please provide date(s) and details: _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE(S) OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO CONSIDERATION.

Driver's License number (if driving is an essential job function): _____ State: _____

Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities, for the past **ten (10) years** starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER: _____ TELEPHONE: ()	DATES EMPLOYED	
	FROM	TO
ADDRESS: _____		
STARTING JOB TITLE / FINAL JOB TITLE:	HOURLY RATE/SALARY	
IMMEDIATE SUPERVISOR AND TITLE:	STARTING	
	\$	PER
REASON FOR LEAVING:	HOURLY RATE/SALARY	
	FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:		
EMPLOYER: _____ TELEPHONE: ()	DATES EMPLOYED	
	FROM	TO
ADDRESS: _____		
STARTING JOB TITLE / FINAL JOB TITLE:	HOURLY RATE/SALARY	
IMMEDIATE SUPERVISOR AND TITLE:	STARTING	
	\$	PER
REASON FOR LEAVING:	HOURLY RATE/SALARY	
	FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER
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EMPLOYER: _____ TELEPHONE: ()	DATES EMPLOYED	
	FROM	TO
ADDRESS: _____		
STARTING JOB TITLE / FINAL JOB TITLE:	HOURLY RATE/SALARY	
IMMEDIATE SUPERVISOR AND TITLE:	STARTING	
	\$	PER
REASON FOR LEAVING:	HOURLY RATE/SALARY	
	FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:		

Employment History, continued

EMPLOYER: _____ TELEPHONE: () _____ ADDRESS: _____	DATES EMPLOYED FROM TO _____
STARTING JOB TITLE / FINAL JOB TITLE: IMMEDIATE SUPERVISOR AND TITLE:	HOURLY RATE/SALARY STARTING \$ PER
REASON FOR LEAVING:	HOURLY RATE/SALARY FINAL
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$ PER
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	

EMPLOYER: _____ TELEPHONE: () _____ ADDRESS: _____	DATES EMPLOYED FROM TO _____
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REASON FOR LEAVING:	HOURLY RATE/SALARY FINAL
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REASON FOR LEAVING:	HOURLY RATE/SALARY FINAL
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$ PER
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	

COMMENTS (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT): _____

Skills and Qualifications

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING.

Educational Background (if job related)

A. LIST LAST THREE (3) SCHOOLS ATTENDED, STARTING WITH MOST RECENT. B. LIST NUMBER OF YEARS COMPLETED. C. INDICATE DEGREE OR DIPLOMA EARNED, IF ANY. D. GRADE POINT AVERAGE OR CLASS RANK.. E. MAJOR FIELD OF STUDY. F. MINOR FIELD OF STUDY (IF APPLICABLE).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE/ DIPLOMA	D. GPA OR CLASS RANK	E. MAJOR	F. MINOR

References

LIST NAME AND TELEPHONE NUMBER OF THREE BUSINESS/WORK REFERENCES WHO ARE **NOT** RELATED TO YOU AND ARE **NOT** PREVIOUS SUPERVISORS. IF NOT APPLICABLE, LIST THREE SCHOOL OR PERSONAL REFERENCES WHO ARE **NOT** RELATED TO YOU.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, PHYSICAL OR MENTAL DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD, OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC. EXCLUDE NOTATIONS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, PHYSICAL OR MENTAL DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD, OR ANY OTHER SIMILARLY PROTECTED STATUS.

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER:

Applicant Statement

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

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) cancel further consideration of this application, or (2) immediately discharge me from the Knife River Care Center's service, whenever it is discovered.

I expressly authorize, without reservation, Knife River Care Center, 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 Knife River Care Center, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Knife River Care Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current only while the position(s) for which it pertains remains open. I further understand that Knife River Care Center accepts applications for open positions only.

If I am hired, I understand that Knife River Care Center is an at-will employer meaning I am free to resign at any time, with or without cause and with or without prior notice, and Knife River Care Center 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 Knife River Care Center is authorized to make any assurances to the contrary and that no implied verbal or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by Knife River Care Center's Administrator and/or Board of Directors President.

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

I understand that I must successfully complete a background check as a prerequisite to my employment. I further understand that the attached input form must be completed and signed before my application will be processed.

I understand that drug and alcohol testing is a prerequisite to my employment. I understand that Knife River Care Center's facility is a drug-free workplace, and that all employees of the organization are subject to drug and alcohol testing when there is reasonable suspicion of impairment.

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 _____/_____/_____

Apis Investigation Services

3104 East Camelback Road #912 Phoenix, Arizona 85016

PH:(602)-230-1000 FX:(602)-265-3390

PI@APISIS.ORG

Lic# 1707621

Applicant Information *Please Print!*

Acct# 441

Name			
	First	Full Middle	Last

Maiden Name, AKA's:

Date of Birth ____-__-____ (MM--DD--YYYY)	Social Security Number ____-__-____
Driver License or State ID Information	
DL / ID # _____ State _____	

APPLICANT DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for employment. The report may include information about your general reputation, personal characteristics, or mode of living, driving record history or social security number search for residency.

If you are denied employment, either wholly or partly, because of the information contained in this consumer report, a disclosure will be made to you for the name and address of the consumer reporting agency making such a report. If the report contains information about you that is a matter of public record, such as arrests, indictments, or convictions, you may also be informed of the name and address of any persons to whom the information is reported. You may also request a copy of this report.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

I have read and understood the above notice.

X _____

Applicant Signature

_____ Date

Applicant, Please do not write below this line.

- () WARRANTS AND WANTS
- () DRIVING RECORD
- () SOCIAL SECURITY TRACE
- () CRIMINAL RECORD SEARCH
- () SEX OFFENDER REGISTRY
- () OTHER _____

Equal Employment Opportunity Tracking Form

KNIFE RIVER CARE CENTER

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 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:

Walk-in Government Employment Agency Private Employment Agency

Employee Relative School

Advertisement – Source _____ Other

APPLICANT INFORMATION

Name _____ Telephone (____) _____

Last First Middle

Address _____

Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
- American Indian/Alaskan Native Asian/Pacific Islander Multicultural (having parents of different races)

FOR ADMINISTRATIVE USE ONLY

Position applied for: Available Not Available

Other positions considered for: _____

Hired: Yes No

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

From the EEO job classification listed below, which one best describes the position filled?

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: ____/____/____