

Community Involvement Programs  
Application for Employment  
(PLEASE PRINT)

*We consider applicants for all positions without regard to race, color, creed, religion, national origin, gender, sexual orientation, disability, age, marital status or any other legally protected status.*

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Initial
Street Address	City	State
		Zip Code
Telephone Number(s)		
Day (     )	Evening (     )	
Email Address:		

Where did you hear about this position? \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you legally eligible to work in the United States?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever filed an application with us before?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been employed with us?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently employed?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we contact your present employer?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any moving violations in the last 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, explain. \_\_\_\_\_

I certify the information I have provided in this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment which *Community Involvement Programs* deems necessary in arriving at an employment decision.

I understand that if I am hired any employment relationship with this organization is "at will," which means that an employee may resign at any time and the employer may discharge an employee at any time with or without cause.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination at any time. I understand, also, that I am required to abide by all employer rules and regulations, and that it is my responsibility to be knowledgeable about the rules and regulations, and to ask for assistance if I am uncertain about my responsibilities in any way.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Education**

Did you graduate from high school or have you received a GED?  Yes  No

	Name/Location	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate School				
Technical or Vocational College				

Please describe any specialized training and skills, especially related to supporting individuals with disabilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Experience**

Please list your current employer first, if you are currently employed.

Employer: Address:  Telephone #:	Dates of Employment: From: _____ To: _____
Job Title:	Supervisor Name: Telephone #:
Hourly Rate/Salary:	Reason for Leaving:
Duties and Responsibilities:   	

## Experience (continued)

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Employer: Address:	Dates of Employment: From: _____ To: _____
Telephone #:	
Job Title:	Supervisor Name: Telephone #:
Hourly Rate/Salary:	Reason for Leaving:
Duties and Responsibilities:	

Employer: Address:	Dates of Employment: From: _____ To: _____
Telephone #:	
Job Title:	Supervisor Name: Telephone #:
Hourly Rate/Salary:	Reason for Leaving:
Duties and Responsibilities:	

Employer: Address:	Dates of Employment: From: _____ To: _____
Telephone #:	
Job Title:	Supervisor Name: Telephone #:
Hourly Rate/Salary:	Reason for Leaving:
Duties and Responsibilities:	

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Community Involvement Programs  
T12-362-4408 Non-Profit Organization

Release to Conduct a Background and Reference Check

I, \_\_\_\_\_, authorize Community Involvement Programs to conduct a comprehensive background check, which may include employment references, a criminal background check, Department of Human Services background check, and a motor vehicle record review. I authorize any agency or person contacted in pursuit of this background check to release any and all information requested. Furthermore, I will hold no person or agency liable for the release of this information or for its use in conducting the background check or for any damages from the disclosure of this information. I understand that my failure to cooperate is grounds to terminate or deny employment under Minnesota Statute 245C.04, Subd. 2. If hired by Community Involvement Programs, I agree that periodic background checks can be conducted during employment as determined to be necessary by my employer, or upon request of the individual to whom I will be providing support.

This authorization ends when I am no longer employed by Community Involvement Programs. A photocopy of this authorization form shall be as effective and binding as the original.

\_\_\_\_\_

Print Last Name	Print First Name	Print Middle Name	
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\_\_\_\_\_

Print Any Former Names, Maiden Name, or Alias	Circle One:	Male	Female
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\_\_\_\_\_

Street Address	City	State	ZIP
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\_\_\_\_\_

Date of Birth	Social Security Number	Phone:	Circle One:	Home	Work	Cell
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\_\_\_\_\_

Current Driver's License or State ID Number	State Issued
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Signature of Applicant	Date
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