

# Application for Employment

**First Plan of Minnesota**  
525 S. Lake Avenue, Suite 222  
Duluth, MN 55802  
(218) 727-9873

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

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone# ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Referral Source** (Please check the appropriate category and name the source.)

- |   |  |
|---|--|
| <input type="radio"/> Walk-in _____           | <input type="radio"/> School _____                       |
| <input type="radio"/> Employee _____          | <input type="radio"/> Job Fair _____                     |
| <input type="radio"/> Advertisement _____     | <input type="radio"/> Staffing Agency _____              |
| <input type="radio"/> Company's Website _____ | <input type="radio"/> Government Employment Agency _____ |
| <input type="radio"/> Other Internet _____    | <input type="radio"/> Other _____                        |

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_  
AM PM

May we contact you at work?  Yes  No

If **yes**, work number and best time to call:  
( ) \_\_\_\_\_ : \_\_\_\_\_  
AM PM

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If **no**, please explain \_\_\_\_\_

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 or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full Time  Part-Time

Educational Co-Op  Seasonal  Temporary

Type of work schedule interested in: (Check all that apply.)

Days (1st Shift)  Evenings (2nd Shift)  Nights (2nd Shift)  Pool

Weekends  Split Shift  Rotating Shift  Overtime

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  N/A  Yes  No

Will you work overtime if required?  Yes  No

If **no**, please explain \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

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

Employer	Telephone # (      )	Dates employed	Month / Year	to	Month / Year
Street address	City	State			
Starting job title/final job title			<input type="radio"/> Hourly	<input type="radio"/> Salary	\$      per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Later	Commission/Bonus/Other Compensation \$			
Why did you leave?			<input type="radio"/> Hourly	<input type="radio"/> Salary	\$      per
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

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Street address	City	State			
Starting job title/final job title			<input type="radio"/> Hourly	<input type="radio"/> Salary	\$      per
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## Employment History

Explain any gaps in your employment other than those due to personal illness, injury or disability. \_\_\_\_\_

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

If **yes**, please explain \_\_\_\_\_

## Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualifications (i.e., areas such as special equipment, typing speed, software programs.)

Do you speak, read or write in any language other than English?  Yes  No

If **yes**, please describe \_\_\_\_\_

## Education and Training

Name & Address of School	# of Years	Course/Major	Diploma/Degree

### Professional & Technical

License & Number	Type	Place of Issue	Expiration Date
			/ /
			/ /

**Membership in professional organizations:** If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?  Yes  No

If yes, please give date, location, and disposition of your case \_\_\_\_\_

## 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	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current, or a prior job, have you ever written instructions or directions to be followed by employees, patients, or others?

Yes  No  Not Applicable

If **yes**, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, the employer, 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, resumé 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 unlawfully 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 local, state or federal law.

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 and fill 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 employer's president.

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 an 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 (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affirmative Action  
Voluntary Information**

**FirstSolutions  
FirstPlan of Minnesota  
SuperiorHealth Center  
SuperiorHealth Community Care**

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.

The employer is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**please print**

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

**Referral Source –please circle**

- Walk-in                       Government Employment Agency                       Private Employment Agency
- Employee                       Relative                       School
- Advertisement – Source \_\_\_\_\_                       Other \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

**Applicant Information**

Name \_\_\_\_\_ Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
Street                      City                      State                      Zip Code

**Please circle**

- Male                       Female

**Please circle one of the following Equal Employment Opportunity Identification Groups:**

- African American Black     Asian/Pacific Islander                       Caucasian/White
- Hispanic/Latino(a)                       Native American                       Other

**For Administrative Use Only**

Position (s) applied for: Circle one     Available     Not Available

Other positions considered for \_\_\_\_\_

Hired     Yes     No

Position hired for \_\_\_\_\_ Date of Hire \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled? – Please circle

- 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 \_\_\_\_\_

## Authority to Release Information

I understand that in processing my application with First Plan of Minnesota, an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless First Plan of Minnesota and its agent, Verified Credentials Inc., from any liability.

I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. I may also obtain a copy of this report by checking the "YES" box at the bottom of this disclosure.

I agree that any decision to hire me is contingent upon the results of my report, and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment.

Would you like a copy of your report? Yes  No

\_\_\_\_\_  
**LAST NAME** **FIRST NAME** **MIDDLE NAME**

\_\_\_\_\_  
**OTHER NAMES USED** **DATE OF CHANGE**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**CITY** **STATE** **ZIP CODE**

\_\_\_\_\_  
**PLEASE LIST THE CITIES AND STATES YOU HAVE LIVED IN, IF THE ABOVE ADDRESS DOES NOT ENCOMPASS 7 YEARS.**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER** **DATE OF BIRTH**  
(For Background Check ID)

\_\_\_\_\_  
**DRIVERS LICENSE NUMBER** **STATE ISSUED**

**I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION WOULD BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.**

\_\_\_\_\_  
**SIGNATURE** **DATE**