

**APPLICATION FOR EMPLOYMENT
ALLY PEOPLE SOLUTIONS**

**1246 University Ave. W., Suite 239
St. Paul, MN 55104
Ph. (651) 641-0709 Fax: (651) 641-0976**

An Equal Opportunity Employer

We consider applicants for employment without regard to race, color, creed, religion, national origin, age, disability, marital status, sexual orientation, public assistance status, or any other legally protected status.

DATE OF APPLICATION _____

GENERAL INFORMATION (Please Print)

NAME:

LAST

FIRST

MIDDLE

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS:

STREET

CITY

STATE

ZIP

PHONE NO.: ()

ARE YOU 18 YEARS OR OLDER?

Yes

No.

ARE YOU EITHER A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE UNITED STATES?

Yes

No

(PROOF OF WORK AUTHORIZATION WILL BE REQUIRED UPON ANY EMPLOYMENT)

POSITION APPLIED FOR: _____ WHEN WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU SEEKING TO WORK

FULL-TIME

PART-TIME

ON-CALL

TEMPORARY

ARE YOU EMPLOYED NOW? _____

IF SO, MAY WE INQUIRE

YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS AGENCY BEFORE? _____

WHEN? _____

EVER WORKED FOR THIS AGENCY BEFORE? _____

WHEN? _____

DO YOU HAVE A CURRENT, VALID MINNESOTA'S DRIVER'S LICENSE?

Yes

No

DO YOU HAVE A CURRENT, VALID CERTIFICATE OF AUTO INSURANCE?

Yes

No

TRANSPORTATION OF CLIENTS IN AGENCY VEHICLES TO JOB SITES AND OTHER COMMUNITY SETTINGS MAY BE PART OF YOUR JOB DUTIES IF HIRED.

PRIOR TO TRANSPORTING CLIENTS IF YOU ARE HIRED, YOUR DRIVING RECORD WILL BE CHECKED AND THE AGENCY'S INSURER WILL REVIEW YOUR RECORD TO DETERMINE WHETHER YOU MAY OPERATE AGENCY VEHICLES. BY COMPLETING AND SIGNING THIS APPLICATION, YOU CONSENT TO THE AGENCY AND ITS INSURER CHECKING YOUR DRIVING RECORDS.

EDUCATION HISTORY

SCHOOL LEVEL	<u>NAME AND LOCATION OF SCHOOL</u>	<u>NO. OF YEARS ATTENDED</u>	<u>DID YOU GRADUATE ?</u>	<u>SUBJECTS STUDIED AND DEGREES RECEIVED</u>
HIGH SCHOOL				
COLLEGE				
OTHER (E.G., TRADE, BUSINESS CORRESPONDENCE, GRADUATE SCHOOL)				

EMPLOYMENT HISTORY (Describe below your employment history, starting with the current or most recent job. Attach additional sheets as necessary. This information should be completed even if you also are submitting a resume.)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:

START DATE: _____ END DATE: _____
MONTH YEAR MONTH YEAR

JOB TITLE

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER:

START DATE: _____ END DATE: _____
MONTH YEAR MONTH YEAR

JOB TITLE

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER:

START DATE: _____ END DATE: _____
MONTH YEAR MONTH YEAR

JOB TITLE

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

SPECIAL SKILLS AND TRAINING:

DESCRIBE JOB RELATED SKILLS, TRAINING,
RESEARCH, LICENSE/CERTIFICATES, ETC.

DESCRIBE COMPUTER SKILLS.

LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD (Exclude those which would reveal race, color, creed, religion, national origin, age, disability, marital status, sexual orientation, public assistance status, or any other legally protected status):

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

PLEASE WRITE A BRIEF PARAGRAPH ABOUT WHAT YOU THINK YOUR ROLE WOULD BE IN WORKING WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES IF YOU ARE HIRED:

REFERENCES (List below the names of three persons not related to you, whom you have known at least one year.)

NAME	ADDRESS & TELEPHONE	PROFESSION	RELATIONSHIP	YEARS ACQUAINTED
1.				
2.				
3.				

CERTIFICATION/AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION (OR RESUME, IF ANY) MAY RESULT IN THE TERMINATION OF MY EMPLOYMENT.

I CERTIFY THAT I HAVE BEEN ADVISED OF AND UNDERSTAND THE JOB DUTIES FOR THE POSITION FOR WHICH I AM APPLYING AND THAT I AM ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THAT POSITION, WITH OR WITHOUT REASONABLE ACCOMMODATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE THE AGENCY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM GATHERING THIS INFORMATION OR THE FURNISHING OF SUCH INFORMATION TO THE AGENCY.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT WILL BE "AT WILL," WHICH MEANS THAT IT IS FOR NO DEFINITE PERIOD OF TIME AND IT MAY (REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY) BE TERMINATED AT ANY TIME BY EITHER ME OR THE AGENCY FOR ANY REASON WITHOUT ANY PRIOR NOTICE AND WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE AGENCY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THIS OR TO CREATE A CONTRACT FOR A SPECIFIED PERIOD OF TIME, EXCEPT IN A WRITTEN CONTRACT SIGNED BY THE AGENCY'S PRESIDENT AND MYSELF.

DATE _____

SIGNATURE _____