

# ARROWS FAMILY SERVICES EMPLOYMENT APPLICATION

I. PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Date (DD-MM-YYYY)
Street Address			Home Phone
City	State	Zip	Cell Phone
If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", name:		Do you know anyone who is working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", name and relationship:	
Have you ever worked for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when: Position held:		Can you meet the minimum 40 hour per month requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "No", why not:	

II. EMPLOYMENT INTERESTS		
Position Desired:	Date Available:	Salary Desired: <input type="checkbox"/> Hourly Wage <input type="checkbox"/> Annual Salary
Type of Employment Desired: Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work:	Would you be willing to travel? If so, how far? <input type="checkbox"/> Yes <input type="checkbox"/> No

III. EDUCATION INFORMATION				
School Level	Name and Location of School	Course of Study	Did you graduate?	Certificate or Degree Earned
High School			<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y <input type="checkbox"/> N	
Post-Graduate			<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. REFERENCES (Business references we can contact who have knowledge of your employment & competence)			
Name of Reference	Title and Company	Phone Number	Your Work Relationship with this Person

V. EMPLOYMENT INFORMATION (Begin with current or most recent employer)				
1	Company Name	Phone	From Month/Year	To Month/Year

	<b>Job Title</b>	<b>Duties</b>	<b>Reason for leaving</b>	
	<b>Supervisor Name</b>		<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<b>Company Name</b>	<b>Phone</b>	<b>From Month/Year</b>	<b>To Month/Year</b>
	<b>Job Title</b>	<b>Duties</b>	<b>Reason for leaving</b>	
	<b>Supervisor Name</b>		<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<b>Company Name</b>	<b>Phone</b>	<b>From Month/Year</b>	<b>To Month/Year</b>
	<b>Job Title</b>	<b>Duties</b>	<b>Reason for leaving</b>	
	<b>Supervisor Name</b>		<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please account for any time you were not employed in the last 10 years, or since leaving school.

<b>Time period</b>	<b>Reason for unemployment</b>

## VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below.

<b>Initial</b>	I hereby certify that I have not withheld or misstated any material facts that might adversely affect my application for employment and that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
<b>Initial</b>	I hereby authorize Arrows Family Services to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further, I authorize my former employers listed in this application to speak to officials of and disclose to the agency any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I authorize disclosure of this information in compliance with and in waiver of my rights under applicable privacy legislation.
<b>Initial</b>	I understand that some positions at Arrows Family Services require criminal background checks and that a criminal conviction is not an automatic disqualification for hire. I understand that I will be notified and will provide additional written authorization in the case a criminal background check is required for a position that I may hold.
<b>Applicant's Signature:</b>	
<b>Date:</b>	

Arrows Family Services | 160 3<sup>rd</sup> Ave NW. Milaca, MN 56353 | 208 2<sup>nd</sup> St NE, Little Falls, MN 56345

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