

EMPLOYMENT APPLICATION



4921 Aldrich Ave N. • Minneapolis, MN 55430 • **Phone: 763.501.0053 • Fax: 612.259.8070**

Please complete the entire application.

It is the policy of Community Outreach Services LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Applicant Full Name: _____

Home Address: _____
City State Zip

Number of years at this address: _____

Daytime phone: _____ Evening Phone: _____

Mobile Phone: _____

Social Security Number: _____

Driver's License (State/Number): _____

Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____
City State Zip

Daytime Phone: _____ Evening Phone: _____

Job Position Applied For _____

Full or Part Time or Temporary? _____

Salary Expectations or Rate of Pay Desired _____

Who referred you to our company? _____

Do you have any friends or relatives who work here?

If yes, please list here: _____

Have you applied to our company previously? ___ Yes ___ No

If yes, when? _____

Are you at least 18 years old? ___ Yes ___ No

How will you get to work? _____

Are you willing to work any shift, including nights and weeken's? ___ Yes ___ No

If no, please state any limitations: _____

If applicable, are you available to work overtime? ___ Yes ___ No

If you are offered employment, when would you be available to begin work? _____

If hired, are you able to submit proof that you are legally eligible for employment in the

United States? ___ Yes . No ___

Are you able to perfo1m the essential functions of the job position you seek with or without reasonable accominodation? ___ Yes ___ No

What reasonable accommodation, if any, would you request? _____

Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter, the number of years of experience, and circle the number which conesponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating
[] Typing	_____	1 2 3 4 5
[] Microsoft Office Suite (Word, Excel, PowerPoint, etc ..)	_____	1 2 3 4 5
[] Accounting/Bookkeeping	_____	1 2 3 4 5
[] Answering telephones	_____	1 2 3 4 5
[] Filing	_____	1 2 3 4 5
[] Customer service	_____	1 2 3 4 5
[] Case Management	_____	1 2 3 4 5
[] Transitional Service Coordination Support	_____	1 2 3 4 5
[] Comprehensive Community Support	_____	1 2 3 4 5

Ability or Skill	Years of Experience	Rating
<input type="checkbox"/> Housing Access Coordination Support	_____	1 2 3 4 5
<input type="checkbox"/> Case Aide	_____	1 2 3 4 5
<input type="checkbox"/> Person-Centered Thinking	_____	1 2 3 4 5
<input type="checkbox"/> Writing Person-Centered Plan	_____	1 2 3 4 5

Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____
City State Zip

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer Name: _____

Supervisor Name: _____

Address: _____
City State Zip

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer Name: _____

Supervisor Name: _____

Address: _____
City State Zip

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer Name: _____

Supervisor Name: _____

Address: _____
City State Zip

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

High School/GED Name and Address: _____

Did you receive a degree? ___ Yes No ___

Other Training (graduate, technical, certification vocational): _____

Please indicate any current professional licenses or certifications that you hold: _____

Awards, Honors, Special Achievements: _____

Military Service: ___ Yes No ___

Branch: _____

Specialized Training: _____

References

Name: _____

Address: _____
City State Zip

Phone: _____ Email: _____

Relationship: _____

Name: _____

Address: _____
City State Zip

Phone: _____ Email: _____

Relationship: _____

Name: _____

Address: _____
City State Zip

Phone: _____ Email: _____

Relationship: _____

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Community Outreach Services LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Program Director/Program Manager/Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Community Outreach Services LLC, except in a specific written contract of employment signed on behalf of the organization by its Program Director/Program Manager/Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. PLEASE PRINT YOUR NAME, SIGN AND DATE.

APPLICANT NAME (PRINT)

APPLICANT (SIGNATURE)

Date