



## Employment Application

### Applicant Information

Date: \_\_\_\_\_

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Available: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

County Interested In: \_\_\_\_\_

Have you applied for employment with us previously? Yes ☐ No ☐

If Yes, when did you apply and for what position? \_\_\_\_\_

How did you hear about Fernbrook? \_\_\_\_\_

Are you authorized to work in the U.S.? Yes ☐ ☐

Were there any unethical concerns/issues against you at a previous employer? Yes No

### Education

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate? Yes No Degree: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No Degree: \_\_\_\_\_

## References

*Please list three professional references:*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes      No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes      No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes      No

## Applicant's Statement

### PLEASE READ CAREFULLY BEFORE SIGNING

I affirm that all information on this application is true and complete. I understand that any misrepresentation, falsification or willful omission on this application or in interviews or at any time during the hiring process shall be sufficient reason for dismissal, revocation of offer, and/or refusal of employment.

I authorize my former employers, educational institutions, and references to further any information concerning my application for employment. I further authorize Fernbrook Family Center and its representatives to contact my former employers, educational institutions, and references for the purpose of obtaining such information. **In consideration of Fernbrook Family Center's review of this application, I release Fernbrook Family Center and all providers of information from any availability as a result of furnishing and receiving such information (this does not waive my rights to file a charge, testify, assist or participate in an investigation, hearing or proceeding under Title VII, the Age Discrimination in Employment Act, the Equal Pay Act, or the American with Disabilities Act.)**

I agree, as a condition of hire, to provide documents establishing proof of identity and employment eligibility in compliance with the Immigration Reform and Control Act of 1986. I understand that an offer of employment may be contingent upon a successful completion of a criminal background check and passing a company drug screen.

In consideration of my employment, I agree to the policies regulations of the organization(s) at which I am employed. I further agree that my employment and compensation can be terminated at any time, at the option of either the employer or myself, with or without cause or notice. Any oral statements that contradict this employment "at will" relationship are disavowed by Fernbrook Family Center and should not be relied upon.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Informed Consent

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male      Female

Social Security Number: \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension, DHS, and any other agency's deemed appropriate to disclose all background/history record information to Fernbrook Family Center, Inc. for the purpose of employment with this agency.

The authorization shall be in effect for the term of my employment with Fernbrook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Voluntary Self-Identification Form

Fernbrook Family Center is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, national origin, ancestry, gender, gender identification, disability, pregnancy, age, military status, veteran status, genetic information or any other classification protected by federal, state or local law.

As required by law, we must record certain information to be made a part of our Affirmative Action Program. This information is used to determine if our recruitment efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. The information will be kept confidential and will only be used in accordance with provision 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. No information taken from this form is ever placed in your Personnel file. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. We appreciate your cooperation.

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

How did you learn about this position? (Check one):

☐ Employee Referral

☐ Walk-in

☐ Job Fair

☐ Indeed

☐ Friend/Relative

☐ Newspaper

☐ Local job network

☐ Fernbrook Website

☐ Other: \_\_\_\_\_

Gender (Check one):

- ☐ Male
- ☐ Female

Race/Ethnicity (Check one):

- ☐ American Indian or Alaska Native: a person having origins in any of the original peoples of North, South and Central America, and who maintain cultural identification through tribal affiliation or community attachment.
- ☐ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American: a person having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Island.
- ☐ White: a person having origins in any of the original people of Europe, the Middle East or North Africa.
- ☐ Two or More: a person who identifies with more than one of the above six races.

## PROTECTED VETERANS INFORMATION

Fernbrook Family Center has chosen to participate in the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which obligates us to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

### DEFINITIONS

#### **Disabled Veteran:**

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or was discharged or released from active duty because of a service-connected disability.

#### **Recently Separated Veteran:**

A veteran who served in active duty in the U.S. military, ground, naval or air service, during the three-year period beginning on the date of such veteran's discharge or release from active duty in U.S. military, ground, naval or air service.

#### **Active Duty Wartime or Campaign Badge Veteran:**

A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

#### **Armed Forces Service Medal Veteran:**

A veteran who, while serving in active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the applicable response. Subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Protected veterans may have additional may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act, In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

#### **What is your protected veteran status?**

☐

I am not a protected veteran

☐

I identify as one or more of the classifications of protected veteran above

☐

I choose not to provide this information