



INDUSTRIES, INCORPORATED

APPLICATION FOR EMPLOYMENT

500 South Walnut
Mora, MN 55051
(320)679-2354

601 South Cleveland
Cambridge, MN 55008
(763)689-5434

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

The Minnesota Department of Human Services requires criminal background studies for all employees of Industries, Incorporated. If selected for an interview, criminal history, including driving related crimes, must be disclosed at that time.

Please fill in all blanks and provide all information requested. Failure to do so may disqualify you from consideration. Thank you.

Date: _____ Social Security Number: _____

Name: First _____ Middle _____ Last _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Position(s) Applied for: _____

Are you 18 years of age or older? Yes or No

Do you have a current, valid Minnesota driver's license? Yes or No

Have you ever filed an application with us before? Yes or No
If yes, please give date _____

Have you ever been employed with us before? Yes or No
If yes, please give date _____

Do any of your friends, relatives, other than spouse, work here? Yes or No
If yes, state name, relationship, and location _____

Are you currently employed? Yes or No
If yes, may we contact your present employer? Yes or No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes or No

Industries, Incorporated uses E-Verify. Employment eligibility will be verified. Proof of citizenship or immigration status will be required upon employment.

Date available for work: ____/____/____ Desired Salary Range: \$_____ to \$_____

Are you available to work (check all that apply):

_____ Full Time _____ Part Time _____ Temporary only

_____ Days _____ Evenings _____ Nights _____ Weekends _____ Weekdays

Are you willing to work at either site (Cambridge or Mora)?

Yes or No

If no, please specify which site at which you're willing to work: _____

Are you currently on "lay-off" status and subject to recall?

Yes or No

Can you travel if your job requires it? Yes or No If yes, what percentage of time? _____

If your address is less than 3 years continue listing them below to cover the previous 3 year period:

1. Street: _____ Dates: From _____
To _____

City: _____ State: _____ Zip: _____

2. Street: _____ Dates: From _____
To _____

City: _____ State: _____ Zip: _____

Use the back of the application for additional addresses

EDUCATION	Do you have a high school diploma or GED?	Yes or No		
<u>SCHOOL</u>	<u>NAME & ADDRESS</u>	<u>COURSE OF STUDY</u>	<u>YEARS</u>	<u>DIPLOMA/DEGREE</u>
High School				
College				
Graduate/Professional				

WORK & DRIVING EXPERIENCE for the last 10 years

If you need additional space to provide this data, please use

the back of this application. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Dates Employed:
Address:	
Telephone Number:	
Present Job Title:	
Supervisor:	
General Description of Duties:	
Reason for leaving:	
Starting wage:	Ending Wage:

May we contact? YES or NO

Employer:

Dates Employed:

Address:

Telephone Number:

Present Job Title:

Supervisor:

General Description of Duties:

Reason for leaving:

Starting wage:

Ending Wage:

May we contact? YES or NO

Employer:

Dates Employed:

Address:

Telephone Number:

Present Job Title:

Supervisor:

General Description of Duties:

Reason for leaving:

Starting wage:

Ending Wage:

May we contact? YES or NO

WORK & DRIVING EXPERIENCE CONTINUED

Please explain any gaps in employment:

Please list **ALL VEHICLE-RELATED ACCIDENTS** in the previous 3 year period:

Date: _____ Describe: _____
Fatalities: _____ Injuries: _____

Date: _____ Describe: _____
Fatalities: _____ Injuries: _____

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information and Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Professional References

Do not include family members.

	Name	Phone Number	Best time to call	Relationship
1.				
2.				
3.				
4.				

Is there any other information you feel relevant to your application for employment at Industries, Inc.? If so, please explain:

Industries, Incorporated

Applicant's Statement and Certification

Initials

I certify that answers given herein are true and complete. _____

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. _____

I authorize Industries, Incorporated to conduct a DHS background study if I am offered a position and I understand that all offers of employment are contingent upon DHS background study results. _____

I authorize Industries, Incorporated to conduct a consumer report of my motor vehicle record if I am offered a position and I understand that all offers of employment are contingent upon consumer report results and my insurability under Industries, Incorporated's insurance underwriter. _____

I authorize Industries, Incorporated to conduct reference checks with the individuals listed on this application for purposes of arriving at employment decisions. _____

I authorize Industries, Incorporated to use E-Verify to verify my employment eligibility . _____

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. _____

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Industries, Incorporated is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge the Employee at any time for any lawful reason with or without cause. _____

It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing and authorized by the applicable authorized authority of this organization. _____

In the event of employment, I understand that false or misleading information given in my application, resume or interview may result in discharge. I understand, also, that I am required to abide by all rules, regulations, policies and procedures of the Employer. _____

I acknowledge all statements and certifications are true. I have had the opportunity to clarify any questions I may have had. _____

Applicant's Signature

Date

To be completed by the Employer:

Application received by:		Application reviewed for completeness by:	
_____		_____	
Name	_____	Name	_____
_____	_____	_____	_____
Title	Date	Title	Date

Privacy Notice:

MINNESOTA DEPARTMENT OF HUMAN SERVICES LICENSED FACILITIES
EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES,
PROFESSIONAL SERVICES AGENCIES

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, chapter 245C, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals providing direct contact services to people receiving services from facilities and agencies licensed by DHS. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.

4. Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.

5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

04/2003