

## Employment Application

Focus on Living PCA Services, Inc., appreciates your interest in a position with our company. An incomplete application may reduce your opportunity for employment with the company. You are encouraged to attach any additional information which you believe qualifies you for the position.

Focus on Living PCA Services, Inc., is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, creed, religion, color, sex, age, marital status, national origin, disability or sexual orientation.

Position applying for \_\_\_\_\_ Date \_\_\_\_\_

Date available \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)

Are you 18 years of age or older? Yes No If No, state your date of birth \_\_\_\_\_

Are you a U.S. Citizen, or if not, do you have permission to work in this Country? Yes No

Have you ever worked for this company? Yes No

If so, when? (Date) \_\_\_\_\_ Position \_\_\_\_\_

Are you related to anyone currently working in any position with Focus on Living PCA Services, Inc.,(full-time or part-time)?

Yes No If Yes, who? \_\_\_\_\_ Relationship \_\_\_\_\_

Have you had any convictions for which a jail sentence was or could have been imposed Yes No

Have you ever been convicted for any crime including sex-related or child-abuse-related offenses?  
Yes No

If Yes to either question, explain on a separate sheet of paper and include dates. Your answers will not necessarily bar you from employment with the company. Circumstances of conviction(s) will be taken into consideration. In determining if a conviction relates to the position sought, the hiring authority shall consider the requirements of Minnesota Statute 364.

Is there any reason you cannot be at work on time every day? Yes No

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## Employment History

List your present or most recent experience first. (Do not state, "see resume.")

1. Employer Name and Address (Current or last employer) \_\_\_\_\_  
Dates of Employment (Month and Year) : From \_\_\_\_\_ To \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
Phone Number \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your Title \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
Your Supervisor \_\_\_\_\_ May we contact? Yes No  
If No, explain \_\_\_\_\_  
Your Supervisor's Title \_\_\_\_\_
2. Employer Name and Address (Current or last employer) \_\_\_\_\_  
Dates of Employment (Month and Year) : From \_\_\_\_\_ To \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
Phone Number \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your Title \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
Your Supervisor \_\_\_\_\_ May we contact? Yes No  
If no, explain \_\_\_\_\_  
Your Supervisor's Title \_\_\_\_\_
3. Employer Name and Address (Current or last employer) \_\_\_\_\_  
Dates of Employment (Month and Year) : From \_\_\_\_\_ To \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
Phone Number \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Your Title \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
Your Supervisor \_\_\_\_\_ May we contact? Yes No  
If no, explain \_\_\_\_\_  
Your Supervisor's Title \_\_\_\_\_

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Have you ever been terminated from a previous employer?      Yes    No    If so, state the name and address of company, date of termination, and reason for termination. (Do not include lay-off or staff reduction.) \_\_\_\_\_

## Personal References

1.      Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2.      Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3.      Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Education

How many years of school have you completed? \_\_\_\_\_

High School \_\_\_\_\_

College or University \_\_\_\_\_

Graduate School \_\_\_\_\_

Technical \_\_\_\_\_

Military \_\_\_\_\_

Check the current certifications you have and list the expiration date.

CPR -Expiration date \_\_\_\_\_

First Aid - Expiration date \_\_\_\_\_

CPI -Expiration date \_\_\_\_\_

Other \_\_\_\_\_                      Expiration Date \_\_\_\_\_

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## Driver's License

Do you have a valid Driver's License? Yes No

If so, list the state, number and expiration date \_\_\_\_\_

## Military

Describe your duties and any special training.

Branch of Service \_\_\_\_\_

Length of Active Duty \_\_\_\_\_

Rank at Discharge \_\_\_\_\_

## Supervision

Have you ever supervised people? Yes No

For Whom? \_\_\_\_\_

Check the functions you have performed as a supervisor:

Interview candidates

Conduct performance reviews

Discipline employee Hire/Recommend for hire

Recommend salary increase

Terminate employee

Establish Objectives

**Summary** (This section must be completed)

Briefly summarize all of the reasons why you think you should be selected for this job.

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## Read Carefully and Sign

Focus on Living PCA Services, Inc., has the right to verify information provided in the application. False information or omitting information may subject an applicant to the penalty provisions of Minnesota Statute 43A.39. I certify that all of the facts as set forth in this Application for Employment are true and complete. I understand that false statements or omissions on this application shall be sufficient cause for rejection of my application or for dismissal if I am hired. Unless otherwise indicated above, Focus on Living PCA Services, Inc. is hereby authorized to conduct an inquiry into all statements contained in this application or made during my interview for employment as may be necessary, including, but not limited to, 1) former employers for information concerning my employment, ability, experience and behavior on the job, and 2) my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release Focus on Living PCA Services, Inc., and any such employers and individuals from any and all liability for damages whatsoever that may arise from furnishing this information. I understand that as part of my employment application Focus on Living PCA Services, Inc., will be conducting a background check. I understand this check involves a computerized history check through the State of Minnesota and St. Louis County to insure there are no felony, gross misdemeanor or misdemeanor convictions, a warrant check to insure there are no warrants for arrest, and a driver's license check through the State of Minnesota to insure that I have a valid driver's license and the status of my driving record. The county and state licensing offices mandate these background studies.

## Important Facts About Information on Your Application

In accordance with the Minnesota Government Data Practices Act, Minnesota Statute 13.04, Subd. 2, Focus on Living PCA Services, Inc., is required to inform you of your rights as they pertain to private data collected from you.

Private data is that information which is available to you, but not to the public. When you are asked to provide private data, Focus on Living PCA Services, Inc., must advise you of

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

The following information you provide for employment is automatically public:

- Your veteran's status;
- Work availability;
- Your job history;
- Your education and training

**In accordance with the Minnesota Data Practices Act, I have been informed of and understand my rights as a subject of data. I waive my rights and authorize Focus on Living PCA Services, Inc., to conduct a background check and obtain public and private information.**

I understand that nothing in this employment application is intended to lead to or create an employment contract between Focus on Living PCA Services, Inc., and myself I further understand that no Focus on Living PCA Services, Inc., employee has the authority to enter into an employment agreement for any specified period of time.

## Employment Application

I further understand and agree that Focus on Living PCA Services, Inc., may terminate the employment relationship that may result from my application at any time. By my signature below, I certify that I have read (or had read to me) the information printed in the application and understand its meaning .

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_