



APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

FULL NAME LAST FIRST MIDDLE

PRESENT ADDRESS STREET CITY STATE ZIP

PERMANENT ADDRESS STREET CITY STATE ZIP

PHONE NO. ARE YOU 18 YEARS OR OLDER? Yes No

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

Are you able to perform the essential functions of the job, with or without reasonable accommodation? Yes No

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY

Table with 5 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, NO OF YEARS ATTENDED, DID YOU GRADUATE?, SUBJECTS STUDIED. Rows include HIGH SCHOOL, COLLEGE, and TRADE, BUSINESS OR CORRESPONDENCE SCHOOL.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

VETERAN INFORMATION (Most recent)

Table with 3 columns: Branch of Service, Date of Entry, Date of Discharge

FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			

MAY WE CONTACT SUPERVISOR? YES NO Supervisor: Telephone:

FROM			
TO			

MAY WE CONTACT SUPERVISOR? YES NO Supervisor: Telephone:

FROM			
TO			

MAY WE CONTACT SUPERVISOR? YES NO Supervisor: Telephone:

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

	NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE #
1					
2					
3					

Agencies that are licensed by the Minnesota Department of Human Services are required to initiate criminal background studies on all individuals who may provide direct contact services in their licensed facilities and programs. Northland Counseling Center, Inc. will be conducting criminal background checks to any employee who is offered a position at any of its facilities.

Please initial: _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE (AT ANY TIME BY THE COMPANY).

This application is current for only (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

DATE

SIGNATURE



Voluntary Affirmative Action Information Form-Applicants
(Confidential: For Statistical Use Only)

In an effort to implement our voluntary government affirmative action program recordkeeping and reporting requirements, we ask that you complete this data survey. Your cooperation is appreciated. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any negative personnel action. Information provided will be kept confidential in accordance with applicable regulations.

Full Name	Date									
Position	Gender Male Female									
Referral Source Internet: _____ Newspaper: _____ Organization: _____ Employee: _____ Recruiter: _____ Job Fair: _____ Other: _____ Walk In: _____										
Race/Ethnicity (Please check ONE box only) <table style="width:100%; border:none;"> <tr> <td style="width:33%;">Hispanic or Latino</td> <td style="width:33%;">Black or African-American</td> <td style="width:33%;">American Indian or Alaskan Native</td> </tr> <tr> <td>Asian</td> <td>White</td> <td>TWO or More Races</td> </tr> <tr> <td></td> <td></td> <td>Native Hawaiian or Other Pacific Islander</td> </tr> </table> <p><small>Hispanic or Latino - person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. White <Not Hispanic or Latino> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Black or African American <Not Hispanic or Latino> - A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander {Not Hispanic or Latino} - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Asian <Not Hispanic or Latino> - 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, Pistan, the Philippine Islands, Thailand, and Vietnam. American- Indian or Alaska Native <Not Hispanic or Latino> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the races of: White, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, or American Indian or Alaska Native.</small></p>		Hispanic or Latino	Black or African-American	American Indian or Alaskan Native	Asian	White	TWO or More Races			Native Hawaiian or Other Pacific Islander
Hispanic or Latino	Black or African-American	American Indian or Alaskan Native								
Asian	White	TWO or More Races								
		Native Hawaiian or Other Pacific Islander								

For Office Use Only	<input type="checkbox"/> Ethnicity missing or unknown
Disposition Code: _____ Position Considered For: _____	

TO BE COMPLETED BY APPLICANT- TO BE FILED SEPARATELY FROM APPLICATION FORM
RETURN TO HUMAN RESOURCES