

APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____
Last First Middle

Home Phone #: _____ Cell Phone #: _____

Street Address: _____

City, State, Zip Code: _____

Are you legally eligible for employment in the USA? Yes No State age if under 18. _____

Are you able to accept a position that requires:
 Valid Driver's license? Yes No Use of your automobile? Yes No

Position(s) applied for: _____

Would you like to work Full time Part time

Availability: Select days and times you are available to work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight							

Were you previously employed by us? Yes No
 If yes, when. _____

If your application is considered favorably, on what date will you be available for work? _____

Do you have any physical conditions that may limit your ability to perform the job for which you are applying? Yes No

If yes, please explain: _____

Why do you want to work at PTC: _____



WORK EXPERIENCE

I. Employer: _____ Position: _____
 City/ State: _____ Phone: _____
 Employed from: _____ to _____ Supervisor: _____
 Description of Duties: _____

 Reason for Leaving: _____

II. Employer: _____ Position: _____
 City/ State: _____ Phone: _____
 Employed from: _____ to _____ Supervisor: _____
 Description of Duties: _____

 Reason for Leaving: _____

III. Employer: _____ Position: _____
 City/ State: _____ Phone: _____
 Employed from: _____ to _____ Supervisor: _____
 Description of Duties: _____

 Reason for Leaving: _____

EDUCATION

School	Name/Address	Last Year Completed	Did you graduate?	Course of Study
High School		1 2 3 4		
College		1 2 3 4		
Other (specify)		1 2 3 4		

MOTOR VEHICLE RECORD (MVR)

The employee (undersigned) understands PTC must comply with statutory insurance requirements as they pertain to the employee driving the organization's vehicles and/or use of employee's vehicle on the job. By the signature below, the employee acknowledges and agrees that PTC is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein record), from employee and/or third parties.

PTC and employee understand that use of these records is limited to PTC's obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. PTC will exercise best efforts to limit use of records as herein specified.

Employee's Name (Please Print)

Signature

Date of Birth

Driver's License Number

State of Issuance

Today's Date

This form authorizes PTC to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment.

Employee's Signature

REFERENCES

Please list three employment/professional references and one personal character reference.

	First Name	Last Name	Capacity that you know this person	Telephone #
Professional				
Professional				
Professional				
Personal				
Personal				

Other relevant experience, skills or qualifications: _____

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact: _____

DIRECT CARE QUALIFICATION STANDARDS

Please review this list of qualifications. **This listing is to be used to identify employee qualification standards for employment in positions that require contact with adults and children receiving services from Pathways to Community.** This is not a complete listing of all qualification standards but rather a listing of those most critical. If an offer of employment is made to you, these qualification standards will be checked through the State Bureau of Criminal Apprehension, local District Court records, Department of Criminal Apprehension, Department of Human Services, County Social Services Agencies and Local Police Departments. Any of these standards, as well as other employment requirements, may be a disqualification for that employment offer. Please see our website and/or job descriptions for full list of qualifications.

1. Willingness to disclose your arrest, conviction and criminal history.
2. Conviction of, or awaiting trial for or admission of any of the following crimes:
 - Possession, use sale, manufacture and/or distribution of illegal drugs and simulated illegal drugs (M.S. sections 152.09, 152.096, 152.097)
 - Murder, manslaughter, aiding a person in a suicide or attempted suicide (M.S. sections 609.185 to 609.215)
 - Assault, harm caused by a dog, mistreatment of persons confined, mistreatment of residents or patients, use of drugs to injure or facilitate crime, robbery kidnapping, false imprisonment, depriving another of custodial or parental rights or abduction (M.S. sections 609.221 to 609.265)
 - Coercion, attempt to coerce, interfering with religious observance, bestiality, leaving the state to evade establishment of paternity, prostitution and related offenses or certain criminal sexual conduct (M.S. sections 609.27 to 609.345)
 - Incest, malicious punishment of a child or neglect of a child (M.S. sections 609.365, 609.377, 609.59)
 - Theft, possession of shoplifting gear, bringing stolen goods into the state, or receiving stolen property embezzlement of public funds (M.S. sections 609.52, 609.521, 609.525, 609.53, 609.54, 609.551, 609.821)
 - Arson, burglary, or possession of burglary tools (M.S. sections 609.561 to 609.563, 609.582, 609.59)
 - Forgery or aggravated forgery (M.S. section 609.625 or 609.63)
 - Adulteration, riot or terroristic threats (M.S. sections 609.6872, 609.71, 609.713)
 - Indecent exposure or use of minors in sexual performance (M.S. sections 617.23, 617.246)
3. Subject of an investigation for or admission to abusing or neglecting an adult or child (M.S. section 260.221 paragraph b).
4. Involuntary termination of your parental rights within the last five years (M.S. section 2610.221 paragraph b).
5. Diagnosis of mental illness or mental condition.
6. Abuse of prescription drugs.
7. Use of controlled substances (M.S. Chapter 152).
8. Abuse of alcohol and/or drugs.

IMPORTANT, PLEASE READ AND SIGN:

I hereby affirm that all statements are accurate, complete, and true to the best of my knowledge. I understand that if I knowingly give false information, I will not be eligible for employment with this agency. I authorize any person, school, current and past employer, and organizations named in this application to provide this agency with any information connected with this application, and I release such persons and organizations from any legal liability in making such statements. I understand that a background check may include an internet search. In addition, I acknowledge that at any time during employment, a physical, mental, health, chemical dependency, motor vehicle record report, or criminal history evaluation may be required if there is reasonable cause to believe the qualification requirements have not been met, or that the employee cannot provide the required care for the individual(s). Failure to comply with any of these requirements will result in immediate separation from employment with this agency.

This application will be valid for 30 days from the date of submission, at which time a new application must be completed.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the agency my employment will be "at will", for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of the agency or myself.

Applicant's Signature: _____ **Date:** _____

APPLICATION DATA SURVEY
(COMPLETION OF INFORMATION IS VOLUNTARY)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition handicap, sexual orientation, or any other legally protected statu.

Date: _____

Position(s) applied for: Direct Support Professional (DSP)
 Lead and/or Site Supervisory
 Office/Administrative
 Other: _____

Referral Source : Advertisement Employee Relative
 Walk-in School Private Employment Agency
 Government Employment Agency

Name of Source (If Applicable): _____

Applicant's Name: _____ Phone: _____
Last First Middle

Address: _____
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping reporting and other legal obligations, we ask that you complete the applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Group:
 White
 Black or African American
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Asian
 Hispanic
 Two or More Races

Check one: Disabled Non-disabled

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE REOMVED BY EMPLOYER AND FILED SEPARATELY.