

810 Center Ave. W.
Dilworth, MN 56529

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Supporting & Teaching People with Disabilities

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions regardless of race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	

Last Name	First Name	Middle Name
Address	City	State Zip
Telephone Number(s)	Social Security Number	
Date of Birth		

Do you have a valid Driver's License? If yes, provide ID number. If no, please explain:

Have you ever filed an application with us before? _____ If yes, when? _____

Have you ever been employed with us before? _____ If yes, provide dates: _____ to _____

Reason for termination of employment: _____

Are you currently employed? _____ If yes, where? _____

May we contact your current employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a crime, excluding expunged records?
(Conviction will not necessarily disqualify an applicant from employment)

If yes, explain: _____

Do you currently/Have you ever receive(d) any benefits (ex. EBT, SSI, etc.)? _____ If yes, please complete the following:

Specific Benefits Accepted: _____ Date benefits began: _____ End date? _____

AVAILABILITY

On what date would you be available to begin work? _____

Are you available to work: Full Time Substitute Part Time Shift Work Temporary

What hours are you available to work?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
to	to	to	to	to	to	to

EMPLOYMENT

Start with your present or last job and list all employment. Attach separate sheets if necessary. 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.

1.

Employer		Dates Employed		Responsibilities/Work Performed
		From	To	
Address				
Telephone #(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

2.

Employer		Dates Employed		Responsibilities/Work Performed
		From	To	
Address				
Telephone #(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

EDUCATION

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE? YES OR NO (SPECIFY)
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

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

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

INITIAL	
	I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements and/or omissions on this application shall be grounds for dismissal.
	I authorize investigation of all statements contained herein and the references listed to you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
	I understand that I will be asked to undergo a pre-employment screening and evaluation under the direction of Disability Resource Inc.'s psychological consultant and that this evaluation may be considered, among other factors in determining my potential employment at Disability Resource Inc. I agree to release, hold harmless and forever discharge Disability Resource Inc., and its agents, servants, successors and all the psychological consultants from any and all claims, actions, causes of actions, demands, rights, damages, costs, loss of association or partnerships of and from any and all claims which I may have as a result of or growing out of the psychological screening evaluation and its use in consideration of my being chosen for employment and/or research.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE AFORESAID APPLICATION OF EMPLOYMENT.

DATE

SIGNATURE

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Remarks: _____

INTERVIEWER

DATE