

Name	_____
Date	_____
Position(s)	_____
Applied for	_____



8131 Fourth Street North
 Oakdale, MN 55128
 www.oak-meadows.org

651-578-0676
 Fax: 651-578-1431

STATEMENT OF NON-DISCRIMINATION

We are committed to a policy of equal treatment and opportunity without regard to race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, status with regard to public assistance, union or non-union affiliation or activities, disability except when based on a bona fide occupational qualification, or any other protected class as defined by applicable law. This includes, but is not limited to: recruitment, hiring, selection for training, transfer, promotion, discipline, rates of pay and other forms of compensation.

DO NOT WRITE BELOW THIS LINE

FOR PERSONNEL DEPARTMENT USE ONLY

Department	_____
Position	_____
Shift	_____
Status	_____
Starting Date	_____
Salary	_____
Supervisor	_____

Name (Last, First, Middle)		Other names under which you have attended school or been employed:		Social Security Number	
Present Address Street City State / Zip			Telephone		Cell
Permanent Address (if different from above) Street City State / Zip			Email		
Are you at least 18 years of age? (Hire is subject to verification that you are of minimum age) <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a citizen of or eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position(s) desired: _____ _____		Are you seeking: [] Full Time [] Part Time [] Casual [] Temporary _____ Number months available			
Shifts desired: [] First [] Second [] Third		Date Available: (check one) <input type="checkbox"/> Immediately <input type="checkbox"/> Upon _____ week(s) notice <input type="checkbox"/> Other _____			
Days Available: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Have you worked here before? [] Yes [] No If yes, When? _____ What department? _____			

How did you happen to apply for a position here?

Education

School	Address	Course of Study	Circle Last Year Completed			
			9	10	11	12
High School						
Diploma program, commercial or technical courses			1	2	3	4
College or University		Major: Minor:	1	2	3	4
Graduate School			1	2	3	4
Other Pertinent Education			1	2	3	4

Professional Applicants Only

States registered/licensed in and number _____ License Exp. Date _____

For Clerical Positions

If you are applying for a clerical position, list office skills (typing wpm, shorthand, computers, business machines, etc.)

Employment History

Indicate below all work experience beginning with your CURRENT or MOST RECENT position. Please provide dates and employment for previous 5 years. Include military experience which may relate to the position for which you are applying. Attach additional sheets if necessary. You may attach your resume but **PLEASE DO NOT** complete this information with the notation "See Resume."

Employment dates (Month/year)	Employer (Company Name)	Telephone
From: To:		

Full name of supervisor	Street Address
-------------------------	----------------

Title of position you held	City	State	Zip
----------------------------	------	-------	-----

Summarize your job duties:

Reason for leaving

May we contact your employer for reference / verification purposes? Yes No

Employment dates (Month/year)	Employer (Company Name)	Telephone
From: To:		

Full name of supervisor	Street Address
-------------------------	----------------

Title of position you held	City	State	Zip
----------------------------	------	-------	-----

Summarize your job duties:

Reason for leaving

May we contact your employer for reference / verification purposes? Yes No

Employment dates (Month/year)	Employer (Company Name)	Telephone
From: To:		

Full name of supervisor	Street Address
-------------------------	----------------

Title of position you held	City	State	Zip
----------------------------	------	-------	-----

Summarize your job duties:

Reason for leaving

May we contact your employer for reference / verification purposes? Yes No

Employment dates (Month/year)	Employer (Company Name)	Telephone
From: To:		

Full name of supervisor	Street Address
-------------------------	----------------

Title of position you held	City	State	Zip
----------------------------	------	-------	-----

Summarize your job duties:

Reason for leaving

May we contact your employer for reference / verification purposes? Yes No

Other Information

Volunteer and unpaid work experience which may relate to the position for which you are applying. Do not include religions, ethnic, or political group affiliation.

Kind of volunteer activity: _____

Your title/duties: _____

Dates: From [] To []

Please use the space below to summarize any additional information necessary to fully describe your qualifications for the position you are applying:

Read Before Signing

I further understand and agree that any offer of employment is contingent on a physical examination, criminal background check, and a credit check when applicable.

I authorize investigation of all statements contained in this application, the criminal background check, and a credit check when applicable, and I understand that misinformation given on my employment form and during the physical examination can be sufficient cause for discharge, if I am employed.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks I might receive is intended to create an employment contract between the organization and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the organization unless made in writing and signed by an authorized representative of the organization. This application will be kept on file for a maximum of ninety (90) days if no offer of employment is made. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and the organization retains a similar right regarding the discontinuation of my employment.

Name: _____ Date: _____

For Interviewer's Use Only

Interview Date – Personnel: _____

References Checked: _____

Interviewed by: _____

Supervisor Include Notes Made from
Reference Checks

Interview Date – Department: _____

Interviewed by: _____