



## Employment Application

### Applicant Information

Date: \_\_\_\_\_

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

County Interested In: \_\_\_\_\_

Have you applied for employment with us previously? Yes      No

If Yes, when did you apply and for what position? \_\_\_\_\_

How did you hear about Fernbrook? \_\_\_\_\_

Are you authorized to work in the U.S.? Yes      No

### Education

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes      No      Degree: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes      No      Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes      No      Degree: \_\_\_\_\_

## References

Please list three professional references:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes      No

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes No

## Applicant's Statement

### PLEASE READ CAREFULLY BEFORE SIGNING

I affirm that all information on this application is true and complete. I understand that any misrepresentation, falsification or willful omission on this application or in interviews or at any time during the hiring process shall be sufficient reason for dismissal, revocation of offer, and/or refusal of employment.

I authorize my former employers, educational institutions, and references to further any information concerning my application for employment. I further authorize Fernbrook Family Center and its representatives to contact my former employers, educational institutions, and references for the purpose of obtaining such information. **In consideration of Fernbrook Family Center's review of this application, I release Fernbrook Family Center and all providers of information from any availability as a result of furnishing and receiving such information (this does not waive my rights to file a charge, testify, assist or participate in an investigation, hearing or proceeding under Title VII, the Age Discrimination in Employment Act, the Equal Pay Act, or the American with Disabilities Act.)**

I agree, as a condition of hire, to provide documents establishing proof of identity and employment eligibility in compliance with the Immigration Reform and Control Act of 1986. I understand that an offer of employment may be contingent upon a successful completion of a criminal background check and passing a company drug screen.

In consideration of my employment, I agree to the policies regulations of the organization(s) at which I am employed. I further agree that my employment and compensation can be terminated at any time, at the option of either the employer or myself, with or without cause or notice. Any oral statements that contradict this employment "at will" relationship are disavowed by Fernbrook Family Center and should not be relied upon.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Informed Consent

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male      Female

Social Security Number: \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension and any other agency's deemed appropriate to disclose all background/history record information to Fernbrook Family Center, Inc. for the purpose of employment with this agency.

The authorization shall be in effect for the term of my employment with Fernbrook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Voluntary Self-Identification Form

Fernbrook Family Center is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, national origin, ancestry, gender, gender identification, disability, pregnancy, age, military status, veteran status, genetic information or any other classification protected by federal, state or local law.

As required by law, we must record certain information to be made a part of our Affirmative Action Program. This information is used to determine if our recruitment efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. The information will be kept confidential and will only be used in accordance with provision of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. No information taken from this form is ever placed in your Personnel file. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. We appreciate your cooperation.

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

How did you learn about this position? (Check one):

Employee Referral

Walk-in

Job Fair

Indeed

Friend/Relative

Newspaper

Local job network

FernbrookWebsite

Other: \_\_\_\_\_

Gender (Check one):

Male

Female

Race/Ethnicity (Check one):

American Indian or Alaska Native: a person having origins in any of the original peoples of North, South and Central America, and who maintain cultural identification through tribal affiliation or community attachment.

Asian: 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, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: a person having origins in any of the black racial groups of Africa.

Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Island.

White: a person having origins in any of the original people of Europe, the Middle East or North Africa.

Two or More: a person who identifies with more than one of the above six races.