



LIFE

Mower County

Learning, Inclusion,
Fun & Empowerment

401 2nd Avenue NE ▪ Austin, Minnesota 55912 ▪ Phone (507) 433-8994 ▪ Fax (507) 433-9290
Email: info@lifemowercounty.org ▪ Website: www.lifemowercounty.org

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability and any other legally protected status. It is our policy to abide by all Federal, State and Local laws concerning discrimination and employment. No question in this application is intended to elicit information in violation of an such law now will any information obtained in response to any question to be used in violation of such law.

PERSONAL INFORMATION

Last Name	First Name	Middle	Date of Application / /
Street Address			Home Phone
City, State, Zip Code			Daytime Phone
Were you previously employed by LIFE Mower County <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Dates: _____ Department: _____			Email Address
How did you hear about this position? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper/Shopper Advertisement <input type="checkbox"/> Internet Site Name: _____ <input type="checkbox"/> Job/Career Fair <input type="checkbox"/> School Name of School: _____ <input type="checkbox"/> Other: _____			How Long at Present Address
What was it about LIFE Mower County that interested you in working for us?			Social Security Number
Positions applying for			Wages Expected
Check the following options which you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Peak-Time (Higher Pay Rate, No Benefits) <input type="checkbox"/> Temporary			Date Available to Work
Hours available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday			
Are you able to meet the attendance requirements of the position: <input type="checkbox"/> Yes <input type="checkbox"/> No			Drivers License Number

EDUCATION AND TRAINING

	Name and Location of School	Course of Study	Number of Years Completed	Are you currently attending school?	Diploma or Degree	Graduation Date
High School						
College of University						

United Way
of Mower County



WORK EXPERIENCE - START WITH MOST RECENT EMPLOYER

1.

Company	Type of Business	Phone Number
Address	Employed From	To
Name and Title of Supervisor	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Last job title and Describe your work	Starting Salary	Leaving Salary
	Reason for seeking new employment	

2.

Company	Type of Business	Phone Number
Address	Employed From	To
Name and Title of Supervisor	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Last job title and Describe your work	Starting Salary	Leaving Salary
	Reason for seeking new employment	

3.

Company	Type of Business	Phone Number
Address	Employed From	To
Name and Title of Supervisor	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Last job title and Describe your work	Starting Salary	Leaving Salary
	Reason for seeking new employment	

4.

Company	Type of Business	Phone Number
Address	Employed From	To
Name and Title of Supervisor	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Last job title and Describe your work	Starting Salary	Leaving Salary
	Reason for seeking new employment	

REFERENCES

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

Name	Telephone Number	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

SKILLS AND QUALIFICATIONS

Use the space below to describe skills and aptitudes that you feel qualify you for this position. This might include volunteer work, school activities or other things that you have been involved in.

It is understood and agreed upon that any misinterpretation by me on this application will be sufficient cause for this application and/or separation from the employer's service if I have been employed.

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.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicants consideration for employment on a basis prohibited by local, state and federal law.

This application is current for 1 year. 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 to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of the person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

LIFE Mower County ("LIFE Mower County") may obtain information about you from a consumer reporting agency for purposes of employment, volunteer positions, work performed under contract, retention, or reassignment (hereafter known as your "engagement"). Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Praesidium, 2225 E. Randol Mill Rd., Suite 630, Arlington, TX, 76011, 800-743-6354, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Signature: _____

Date: _____

Print Name: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by LIFE Mower County at any time after receipt of this authorization and throughout my engagement, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Praesidium, 2225 E. Randol Mill Rd., Suite 630, Arlington, TX, 76011, 800-743-6354, LIFE Mower County itself, and/or a related third-party entity only if I am being considered for a direct or temporary engagement with or by them. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota applicants and employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by LIFE Mower County.

Signature: _____

Date: _____

Print Name: First _____ Middle _____ Last _____

Maiden Name (if applicable): _____

Address: _____ City State Zip _____

Social Security Number: * _____

Date of Birth: * _____

*This information will be used for background screening purposes only.

Driver's License Number: _____

DL State: _____

Gender: _____

Telephone Number: _____