

ProWorks, Inc.
EMPLOYMENT APPLICATION

ProWorks, Inc. is an Equal Opportunity Employer, and therefore, will not discriminate in hiring or promotion on the basis of race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, public assistance status, physical examination or disability.

Please do not complete questions preceded by an asterisk (*) until an offer of employment has been made.

Date: _____, 20__

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

Are you, or have you, been known by another name?
If so, please specify (do not list nicknames)

First Name Middle Name Last Name

Applicant's Address (during the past three years):

1) _____
Current Street Address City/State/Zip Code

2) _____
Street Address City/State/Zip Code

3) _____
Street Address City/State/Zip Code

Telephone Number: (____) _____ * Date of Birth: _____, 19__

- Position for which you are applying:
- () Executive Director
 - () Program Coordinator
 - () Business Manager
 - () Office Manager
 - () Job Developer
 - () Instructor/Job Coach
 - () Driver/Transport Aide
 - () Custodian

Are you a US Citizen? () yes () no If no, type of visa?
(proof of citizenship/immigration status will be required prior to employment)

Immigration No. _____

If you are under 18 years of age, can you provide proof of your eligibility to work? () yes () no

Have you ever filed an application with ProWorks? () yes () no
If yes, when? _____

Have you ever been employed by ProWorks? () yes () no
If yes, when? _____

Are you presently employed? () yes () no

Are you currently on "lay-off" status and subject to recall? () yes () no

If you are offered employment, when could you begin? _____

*Please specify days or times that you **would not** be willing to work:

Do you hold a valid Minnesota Driver's License? () yes () no

*MN Driver's License Number _____

(ProWorks runs annual Motor Vehicle Reports on all personnel)

*Social Security Number _____

Have you read the job description for the position that you are applying?
() yes () no (if not, please do so now)

*Do you have limitations which could require special accommodations? () yes () no

*If yes, please state your limitations and describe accommodations that would allow you to perform the "essential functions" of the position for which you are applying.

*Please indicate language(s) that you can speak, read and/or write.

	Fluently	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Please provide a written statement as to why you wish to become employed by ProWorks, and describe what contribution(s) you might make for the betterment of this agency.

EDUCATION / TRAINING HISTORY

Elementary School

School Name and Location	Grade Completed?
--------------------------	------------------

High School

School Name and Location	Grade Completed?
--------------------------	------------------

Technical College

School Name and Location	Licensure/Certification?
--------------------------	--------------------------

Describe Course of Study

Undergraduate College/University

School Name and Location	Major / Minor Degrees?
--------------------------	------------------------

Describe Course of Study

Graduate College/University

School Name and Location	Major / Minor Degrees?
--------------------------	------------------------

Describe Course of Study

Please describe any specialized training that you received while attending school:

PERSONAL REFERENCES

Please give the names, addresses and telephone numbers of three personal references who are not related to you, and are not previous employers:

EMPLOYMENT HISTORY

Please document your employment history for the last ten years:

1) Employer's Name and Location	Telephone Number
Job Title	Description of Responsibilities
Employment Dates	Beginning Wage / Ending Wage
Reason for Leaving	
Supervisor's Name	May we contact this employer?
2) Employer's Name and Location	Telephone Number
Job Title	Description of Responsibilities
Employment Dates	Beginning Wage / Ending Wage
Reason for Leaving	
Supervisor's Name	May we contact this employer?
3) Employer's Name and Location	Telephone Number
Job Title	Description of Responsibilities
Employment Dates	Beginning Wage / Ending Wage
Reason for Leaving	
Supervisor's Name	May we contact this employer?

If you need additional space, please use the back of this sheet; explain all periods of unemployment.

Employment Requirements (this is not a complete list):

1) MN Statutes, chapter 245A, and MN Rule 11 require the MN Department of Human Services (MnDHS) to perform background studies of individuals working in positions allowing direct contact with persons receiving services from programs licensed by MnDHS; the background study will include, but will not be limited to, a review of criminal conviction records held by the Bureau of Criminal Apprehension and cases of substantiated abuse and neglect of vulnerable adults and maltreatment of minors. The background study is completed upon initial employment and annually thereafter; an unfavorable background study is grounds for immediate dismissal.

2) MnDHS Rule 38 (9525.1550, subpart 4) requires a physical examination within the period of time 12 months prior to or two months after employment.

3) The ProWorks requires that all personnel possess a valid Minnesota Driver's License and no serious driving violations.

PLEASE READ APPLICANT'S CERTIFICATION AND AGREEMENT CAREFULLY

I certify that the information provided in this Employment Application, and any additional material(s) or comments that I have chosen to submit, is true and complete to the best of my knowledge, and I authorize ProWorks to further investigate any statements made verbally or written as may be necessary in arriving at an employment decision.

This application for employment will be considered active for a period of time not to exceed 45 days; any applicant wishing to be considered for employment beyond this time period must inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with ProWorks is considered "at will;" this means that the Employee may resign at any time and the Employer may dismiss the Employee at any time with or without "just cause." It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless the ProWorks Director specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I understand, also, that I am required to abide by all written and unwritten policies and procedures of the ProWorks.

Applicant's Signature

Date

//////////////////////////////////DO NOT WRITE BELOW THIS LINE//////////////////////////////////

Interview () yes () no Date ___/___/___ Time _____

Results:

Beginning Date ___/___/___ Beginning Wage _____

Position Title _____

- This position is:
- () Temporary, Part-time
 - () Temporary, Full-time
 - () Permanent, Part-time
 - () Permanent, Full-time