



mail to: **P.O. Box 206**
501 West Sixth Street
Browerville, MN 56438

email to: **coryl@stepstaff.org**

questions? call (320) 594-6423

APPLICATION FOR EMPLOYMENT

| | | |
|--|--|--|
| P E R S O N A L | Name (Last, First, Middle Initial): | Date: |
| | Street Address: | Home Phone No.: |
| | City, State, Zip: | Social Security No.: |
| | Have You Ever Applied for Employment With the Todd County DAC? Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Month and Year _____ | Are You More Than 18 Years of Age? Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Position Desired: | Expected Pay: |
| | Are you Available for Work: Please Check: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporarily Specify Days and Hours if Part-Time _____ | Will You Work Overtime If Asked? Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are You Legally Entitled to Work in the United States? Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Available to Begin Work: |
| | Other Special Training, Skills, or Experiences That You Feel Would Be Helpful in Considering Your Qualifications: _____ _____ _____ | |
| Describe Your Work Interests: _____ _____ | | |

| E D U C A T I O N | School | School Name and Location | Course of Study | Years Completed | Did You Graduate? | Degree or Diploma |
|---|--------------------|--------------------------|-----------------|-----------------|-------------------|-------------------|
| | Graduate | | | | [] Yes [] No | |
| | College | | | | [] Yes [] No | |
| | Business/ Trade | | | | [] Yes [] No | |
| | High School | | | | [] Yes [] No | |

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| Please List Membership in Professional or Civic Organizations and Any Licenses or Registrations of a Profession or Trade. (Exclude Any That May Disclose Your Race, Color, Religion, or National Origin) |
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| EMPLOYMENT |
| Please Begin With Your Present or Last Position. List All Work Experience. If Additional Space Is Needed, You May Attach a Separate Sheet. |

| | | |
|------------|---|--|
| (1) | Company: | Phone: |
| | Address: | Employment Dates: From _____ To _____ |
| | Name of Supervisor: | Pay: Start _____ Last _____ |
| | State Job Title and Describe Your Work: _____ _____ _____ | Reason for Leaving: _____ _____ |

| | | |
|------------|---|--|
| (2) | Company: | Phone: |
| | Address: | Employment Dates: From _____ To _____ |
| | Name of Supervisor: | Pay: Start _____ Last _____ |
| | State Job Title and Describe Your Work: _____ _____ _____ | Reason for Leaving: _____ _____ |

| | | |
|------------|---|--|
| (3) | Company: | Phone: |
| | Address: | Employment Dates: From _____ To _____ |
| | Name of Supervisor: | Pay: Start _____ Last _____ |
| | State Job Title and Describe Your Work: _____ _____ _____ | Reason for Leaving: _____ _____ |

| | | |
|------------|---|--|
| (4) | Company: | Phone: |
| | Address: | Employment Dates: From _____ To _____ |
| | Name of Supervisor: | Pay: Start _____ Last _____ |
| | State Job Title and Describe Your Work: _____ _____ _____ | Reason for Leaving: _____ _____ |

| | | |
|------------|---|--|
| (5) | Company: | Phone: |
| | Address: | Employment Dates: From _____ To _____ |
| | Name of Supervisor: | Pay: Start _____ Last _____ |
| | State Job Title and Describe Your Work: _____ _____ _____ | Reason for Leaving: _____ _____ |

| | | |
|------------|---|--|
| (6) | Company: | Phone: |
| | Address: | Employment Dates: From _____ To _____ |
| | Name of Supervisor: | Pay: Start _____ Last _____ |
| | State Job Title and Describe Your Work: _____ _____ _____ | Reason for Leaving: _____ _____ |

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| If You Wish, You May Account for Any Time Gaps in Your Employment History. _____ _____ _____ |
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| We May Contact the Employers Listed Above, Unless You Indicate Those You Do Not Want Us to Contact. | |
| Employer No(s). _____ | Reason _____ |
| _____ | _____ |
| _____ | _____ |

| REFERENCES | | |
|--|---------|-----------|
| (Do Not List Former Employers or Relatives.) | | |
| Name | Address | Phone No. |
| | | |
| | | |
| | | |
| | | |

| EMERGENCY CONTACT | | |
|--------------------------|---------|-----------|
| Name | Address | Phone No. |
| | | |
| Relationship: | | |

| | |
|--|--|
| Have You Read the Job Description for the Position You Are Applying? | Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You Understand What You Read? | Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can You Perform These Duties With or Without Accommodations? | Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Accommodations Are Necessary, Please Describe: _____ | |
| _____ | |
| _____ | |

The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

The State of Minnesota requires that a background study be submitted prior to any direct contact with Todd County DAC's consumer employees. If employment is offered to you and you accept employment, a background study will be submitted to the State of Minnesota, and it must be returned with clearance prior to scheduling orientation. I understand if the study results in a disqualification, I will not be eligible for employment. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the Todd County DAC to continue to employ me in the future.

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AUTHORIZATION

I authorize investigation of all statements contained in this application. I authorize the Todd County DAC to obtain information about me from my previous employers and schools (except as noted on page 3). I authorize my previous employers and the schools that I have attended to disclose to the Todd County DAC such information about me as the Todd County DAC requests.

Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

(OFFICE USE ONLY)

Date Hired _____ Anniversary Date (First Day of Work) _____

Classification _____ Position _____

Status _____ Beginning Salary/Hourly Rate _____

Salary Changes: Effective Date _____ New Amount _____