



Application for Employment

3640 9th St. NW
Rochester, MN 55901
507-424-3234

We are an equal opportunity employer and we do not unlawfully discriminate in employment. No question on this application form is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Director.

Applicant Name: _____ Today's Date: _____

Position (or type of work desired): _____

Home Address: _____

Telephone: (h) _____ (c) _____

Date of Birth: _____ Age: _____

Type of Employment Desired: FT _____ PT _____ Temp./Seasonal _____

Date Available to Start: _____

Driver's License #: _____

Are you willing to work overtime if necessary? _____

Can you submit proof of legal employment authorization and identity? _____

Have you been convicted of a crime in the past seven (7) years? _____

If YES, please explain (attach an additional sheet if necessary. A conviction will not automatically bar employment.) _____

Are you able to lift up to fifty pounds? _____

How were you referred to us? _____

Employment History

Have you been employed within the last 60 days? _____

Please provide employment information for the past five (5) years. Attach additional sheets if necessary.

Employer: _____

Address: _____ Tel. _____

Position(s)/Responsibilities: _____

Immediate Supervisor: _____ Title: _____

Dates Employed: _____ to _____ Rate of pay: _____

Reason for leaving: _____

Employer: _____

Address: _____ Tel. _____

Position(s)/Responsibilities: _____

Immediate Supervisor: _____ Title: _____

Dates Employed: _____ to _____ Rate of pay: _____

Reason for leaving: _____

Employer: _____

Address: _____ Tel. _____

Position(s)/Responsibilities: _____

Immediate Supervisor: _____ Title: _____

Dates Employed: _____ to _____ Rate of pay: _____

Reason for leaving: _____

Educational Background

High School

Name: _____

Address: _____

Diploma (or equivalent): _____

Technical Training

Name: _____

Address: _____ Tel. _____

Major Course of Study: _____

Years Completed: _____

Degree(s) Earned: _____

College

Name: _____

Address: _____ Tel. _____

Major Course of Study: _____

Years Completed: _____

Degree(s) Earned: _____

College

Name: _____

Address: _____ Tel. _____

Major Course of Study: _____

Years Completed: _____

Degree(s) Earned: _____

Skills and Qualifications

Please list any job-related training, skills, licenses, certificates, and/or other qualifications.

References

Please list five (5) references (three personal, two professional) of persons whom you have known for at least one (1) year. Personal references may not include relatives.

Name: _____ Years Known: _____
Address: _____ Tel. _____
Relationship: _____

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Address: _____ Tel. _____
Relationship: _____

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Address: _____ Tel. _____
Relationship: _____

Name: _____ Years Known: _____
Address: _____ Tel. _____
Relationship: _____

Name: _____ Years Known: _____
Address: _____ Tel. _____
Relationship: _____

Rochester Center for Autism, Inc.

3640 9th St NW

Rochester, MN 55901

(507) 424-3234

Informed Consent

Today's Date: _____

Applicant's Last Name (please print): _____.

First Name (please print): _____.

Full Middle (please print): _____.

Maiden, Alias, or Former (please print): _____.

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to **Rochester Center for Autism, Inc.**, for the purpose of employment with this agency.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature of Applicant

Date

Notary:

I hereby authorize Rochester Center for Autism to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also release from liability the Rochester Center for Autism and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or if I am employed, immediate termination whenever the misrepresentation is/was discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either Rochester Center for Autism or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Rochester Center for Autism not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I, the undersigned, warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Printed Name: _____

Applicant Signature: _____ Date: _____