

# Application for Employment



Family Service Rochester  
1110 6<sup>th</sup> Street NW  
Rochester, MN 55901  
(507) 287-2010

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
                            First                            Middle                            Last

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

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

## Employment History: (List a minimum of seven years - begin with most recent employer)

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Supv's. Name & Title: \_\_\_\_\_

Dates of employment: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ to: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ Hours per week: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Supv's. Name & Title: \_\_\_\_\_

Dates of employment: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ to: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ Hours per week: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Supv's. Name & Title: \_\_\_\_\_

Dates of employment: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ to: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ Hours per week: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

# FSR - Application for Employment

## Employment History continued:

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Supv's. Name & Title: \_\_\_\_\_

Dates of employment: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ to: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ Hours per week: \_\_\_\_\_

Major Duties: \_\_\_\_\_  
\_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Supv's. Name & Title: \_\_\_\_\_

Dates of employment: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ to: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ Hours per week: \_\_\_\_\_

Major Duties: \_\_\_\_\_  
\_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Supv's. Name & Title: \_\_\_\_\_

Dates of employment: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ to: (mo) \_\_\_\_\_ (yr) \_\_\_\_\_ Hours per week: \_\_\_\_\_

Major Duties: \_\_\_\_\_  
\_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



# FSR - Application for Employment

## **Additional Information**

Position(s) applying for: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Will consider both: \_\_\_\_\_

Where did you hear about this agency's employment possibilities? \_\_\_\_\_

Languages spoken: \_\_\_\_\_

If employed, can you provide a birth certificate, resident alien card, or other proof of employment eligibility in the U.S.?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you capable of performing the necessary assignments of this position and in a safe manner? (Please review the job description)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If employed, do you foresee any responsibilities or commitments that would interfere with your work assignments, schedule or attendance?

No: \_\_\_\_\_ Yes: \_\_\_\_\_, please explain: \_\_\_\_\_

Are you over 18?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If offered employment, when could you begin: \_\_\_\_\_

If the position requires you to drive,

1) do you have a valid driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_ N/A \_\_\_\_\_

2) will you be able to provide proof of insurance for the personal vehicle you will use for work purposes?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ N/A \_\_\_\_\_

Please list any additional information about yourself you believe relevant and useful to the selection process:

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By signing this application, I certify that I have not knowingly or willingly falsified or misrepresented any information listed. Falsification or misrepresentation of information could lead to my dismissal if employed.

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

## **Do not write below this line - Office use only**

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Interviewed on: \_\_\_\_\_ Interviewer's name & title: \_\_\_\_\_

Comments: \_\_\_\_\_

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Employment offered? No: \_\_\_\_\_ Yes : \_\_\_\_\_ Date offered: \_\_\_\_\_ Date accepted : \_\_\_\_\_

DOE: \_\_\_\_\_ Employment Status: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

# Family Service Rochester

An Equal Opportunity, Affirmative Action Employer

## Applicant Survey Form

Last name	First name	Middle initial(s)
Date	Position(s) for which you are applying	

### Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. \* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

### Race/Ethnicity – Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains 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, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Disability - Are you a person with a disability?

- Yes
- No

### Sex – Select one

- Female
- Male

### Veteran – Select one

- Yes
- No
- Do not want to answer

\* **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.