



Application for Employment

"An opportunity rich with rewards."

2903 15th Street South • Moorhead, MN 56560

Phone: 218-236-6730 • Fax: 218-331-2055 • www.CreativeCare.org

Position applying for: _____

Applicant Information

Legal First Name: _____ Legal Last Name: _____ Legal Middle Name: _____

List All Other Names (maiden name, etc.) _____

Street Address: _____

City/State/Zip: _____ E-mail address: _____

Phone Number: _____ Last Four Digits of Social Security Number: _____

Have you ever applied with CCRI before? Yes No If Yes, when? _____

Have you ever been employed by CCRI? Yes No If Yes, when? _____

How were you referred to CCRI?

Employee—Full name of person who referred you: _____

From one of the following:

The Forum Newspaper

Career Fair

Walk In

Previously Employed

Online Job Board

Google

Indeed.com

Job Service—ND or MN

Jobs HQ on-line

Website (name) _____

LinkedIn

TV advertisement

Radio Station: _____

College Job Shop: (specify)

Concordia

MN School of Business

NDSU

Rasmussen College

MSUM

Skills & Technology Training Center

MN Technical College

High School Career Counselor/Teacher

Instructor: _____ Name and School

Facebook

Word of Mouth

Other, describe: _____

Reason for Applying

Please tell us why you are interested in employment with CCRI:

What top four qualities do you have that make you a great candidate for the job you are applying for:

List any volunteer work you have done or special certification(s) you have:

To learn more or to review job opportunities visit www.CreativeCare.org

Person-Centered • Team-Oriented • Professional

An Equal Opportunity/Affirmative Action Employer

Employment References

Please list the name, address and phone number of three **work-related references (excluding relatives)** who have specific knowledge of your skills, qualifications, and abilities to perform in the position you are applying for. If you have no work history, list instructors or character references.

Name	Phone number they can be reached at during day hours.	How do you know them?
		<input type="checkbox"/> Previous co-worker <input type="checkbox"/> Current co-worker <input type="checkbox"/> Previous supervisor <input type="checkbox"/> Current supervisor <input type="checkbox"/> Instructor/Teacher <input type="checkbox"/> Other _____
		<input type="checkbox"/> Previous co-worker <input type="checkbox"/> Current co-worker <input type="checkbox"/> Previous supervisor <input type="checkbox"/> Current supervisor <input type="checkbox"/> Instructor/Teacher <input type="checkbox"/> Other _____
		<input type="checkbox"/> Previous co-worker <input type="checkbox"/> Current co-worker <input type="checkbox"/> Previous supervisor <input type="checkbox"/> Current supervisor <input type="checkbox"/> Instructor/Teacher <input type="checkbox"/> Other _____

Employment History: List the MOST RECENT position first.

Indicate reasons for gaps in employment: _____

Business Name:		Business Telephone (required):	Supervisor:
Employment Dates: From To	City, State & Zip	Position Held:	Ending Salary: \$

Job Duties:

Reason for Leaving:

Business Name:		Business Telephone (required):	Supervisor:
Employment Dates: From To	City, State & Zip	Position Held:	Ending Salary: \$

Job Duties:

Reason for Leaving:

Business Name:		Business Telephone (required):	Supervisor:
Employment Dates: From To	City, State & Zip	Position Held:	Ending Salary: \$

Job Duties:

Reason for Leaving:

PLEASE PRINT CLEARLY IN INK—ALL questions must be completed.

Education

	Name and Location	Did you Graduate?	Course of Study
High School (GED)			
College			
College			

Pre-Employment Statement

(Please read carefully and sign the statements below.)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination.
2. Any offer of employment I may receive from CCRI is contingent upon my successful completion of the company's pre-employment screening process, including receiving employment verifications, references that it considers satisfactory, and successful passing of a criminal background check. MN statute MSP section 299C.62.
3. **I authorize and request that all of my present and former employers and those individuals I have listed as personal references to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.**

Signature: _____ Date: _____

Are you age 18 or older? YES NO

Are you authorized to work in the United States on a full-time basis for all employers, or for your current employer only?

All employers____ Current employer only____

Do you have a current driver's license? YES NO

Do you have a clear driving record? YES NO

Do you have a vehicle you can use on the job to provide transportation for clients? YES NO

Can you show proof of liability insurance on your automobile? YES NO

Team Member Availability

Please indicate the times you are available to work:

	Start time	End time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Preferred # of hours per week:

- 0–10 Hours 30–40 Hours
 10–20 Hours Full-time Benefited
 20–30 Hours

Department interested in or prefer?

- Supported Living Services (SLS) staffed 24 hours/day, long and short shifts. 1–4 clients in a home. Generally, adults.
 Technology-Supported Apartment Services—staffed 24 hours/day, supervision combination of staff/technology in apartment setting. May work with multiple individuals.
 Options (Less-than-24-hour program, generally short, split shifts 1–4 hours, various days. Going into a family or a person's own home providing 1-to-1 care.) All ages.
 ARMHS (Adult Rehabilitative Mental Health Services)
 Office
 Other _____

Are you available to work weekends? ___ Yes ___ No If yes, how many weekends a month? 1 2 3 4

Additional comments regarding availability: _____

I am seeking a job I can keep for:

___ 3 months ___ at least 6 months ___ 9 months ___ at least 1 year ___ 1–2 years ___ over 2 years

STUDENTS: (Please Complete)

___ I want to work during the school year only. ___ Yes ___ No Expected graduation date? ___/___/___

___ I am interested in working more hours during the summer and fewer hours during the winter.

Motor Vehicle Reports—Request for Data

In accordance with the provisions of the Fair Credit Reporting Act, Public Law No. 91-508, CCRI certifies that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose. It is further certified that the source of the reports will be identified if employment decisions (based on report results) are made. Motor Vehicle Reports will be treated in a confidential manner. In accordance with the Drivers Privacy Protections Act, Public Law 103-322, data obtained will be used for permissible purposes only.

ALL questions must be completed. PLEASE PRINT

First Name

Last Name

Middle Name

Driver's License Number: _____ Date of Birth: ___/___/_____

The Driver's License is Issued from which U.S. State: _____

This form authorizes employer to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment.

Applicant/Employee Signature _____ Date _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, VETERAN/RESERVE/NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

In an effort to comply with requirements regarding record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. This form is to be completed by each applicant on a voluntary basis. This is not for interview purposes. This form is to be filled out separately from the application. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities. The following information is needed for the position for which you are applying for a legally permissible reason, including, without limitation, national security requirements, affirmative action, a bona fide occupational qualification or business necessity.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

Position Applied For:

Please indicate

(check one)

- Direct Service Professional
 Management
 Office
 Other _____

- Part time Full time
 Part time Full time
 Part time Full time
 Part time Full time

Date applied: ____/____/____

Applicant Information: PLEASE PRINT

Name: _____

Gender: Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic/Latino origin) Asian
 American Indian/Alaskan Native Hawaiian or Pacific Islander
 Hispanic or Latino Two or more races
 Black (not of Hispanic/Latino origin)

Please check one of the following:

- I have a disability.
 I do not have a disability.