

Clare Housing
APPLICATION FOR EMPLOYMENT

929 Central Avenue NE
Minneapolis, MN 55413
PHONE 612.236.9515 FAX 612.236.9520

Equal Opportunity Employer

Date of application: _____

Position applied for: _____

Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Telephone: () _____ () _____
 Area Code Daytime Area Code Evening

- A. How did you learn about this employment opportunity? _____
- B. What date are you able to start work? _____
- C. Do you want to work full-time or part-time (less than 40 hours per week)?
- D. If applicable, specify the preferred hours per week or schedule you are available to work: _____

If applying for a nonexempt position:

Do you have any objection to working overtime? Yes No

Can you work overtime without prior notice? Yes No

Can you work on Saturday? Yes No

Can you work on Sunday? Yes No

Can you work days? Yes No

Can you work evenings? Yes No

Can you work nights? Yes No

E. Are you authorized to work in the USA in the position for which you are applying? Yes No
Note: If hired, you will be required to show proof of employment authorization.

F. Have you previously **applied for work** or **worked for** Clare Housing? Yes No

G. Is your age at least 18? Yes No

EMPLOYMENT HISTORY - Begin with your current or most recent employment experience. Please list all experience during the past ten years.

1. Name of Employer: _____

Employer's address: _____

Give your dates of employment with this employer. From: _____ To: _____

Your position title: _____

How long in this position? _____

Briefly describe your responsibilities in this position: _____

Were you employed on a full-time or a part-time basis?

If part-time, how many hours per week? _____

Supervisor: _____ Title: _____ Phone: _____

May we contact this person for a reference? Yes No and reason

Why did you leave this position? _____

2. Name of Employer: _____

Employer's address: _____

Give your dates of employment with this employer. From: _____ To: _____

Your position title: _____

How long in this position? _____

Briefly describe your responsibilities in this position: _____

Were you employed on a full-time or a part-time basis?

If part-time, how many hours per week? _____

Supervisor: _____ Title: _____ Phone: _____

May we contact this person for a reference? Yes No and reason

Why did you leave this position? _____

3. Name of Employer: _____

Employer's address: _____

Give your dates of employment with this employer. From: _____ To: _____

Your position title: _____

How long in this position? _____

Briefly describe your responsibilities in this position: _____

Were you employed on a full-time or a part-time basis?

If part-time, how many hours per week? _____

Supervisor: _____ Title: _____ Phone: _____

May we contact this person for a reference? Yes No and reason

Why did you leave this position? _____

If you need additional space, please use a separate sheet of paper.

EDUCATION

High School

Name of school: _____ City: _____ State: _____

Diploma or GED received: Yes No

College/University

Name of school: _____ City: _____ State: _____

Degree received: _____

Brief description of course of study: _____

Graduate School

Name of school: _____ City: _____ State: _____

Degree received: _____

Brief description of course of study: _____

Vocational/Business/Technical School/Post Graduate/Other

Name of school: _____ City: _____ State: _____

Degree/Certificate/or Diploma received: _____

Brief description of course of study: _____

Additional Job Related Information

Please describe any additional job related experiences not previously listed.
(If you need additional space, please use a separate sheet of paper.)

Summarize special skills and qualifications acquired from employment, volunteer or other experience.
(If you need additional space, please use a separate sheet of paper.)

CRIMINAL BACKGROUND

Have you ever been convicted of a crime? Yes No

If yes, please state the type of conviction: _____
(The existence of a criminal record will not automatically disqualify you from the job for which you are applying.)

PLEASE READ CAREFULLY AND EXAMINE YOUR APPLICATION BEFORE SIGNING TO SEE THAT YOU HAVE GIVEN AN ANSWER TO EACH AND EVERY ITEM.

I certify that the facts set forth in this employment application and/or my resume, if submitted, are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that Clare Housing shall not be liable in any respect if my employment is so denied or terminated.

I authorize Clare Housing to verify the information contained in this application and to investigate my personal or employment history. I also authorize any former school, employer, person, firm, corporation, credit agency or government agency to give Clare Housing information they may have about me. In consideration of Clare Housing's review of this application I release Clare Housing and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to Clare Housing rules and understand that unless otherwise specifically agreed to in writing, my employment can be terminated at any time with or without cause, and with or without notice, at my option or the option of Clare Housing. I understand that no personnel recruiter, interviewer or other representative of Clare Housing other than Clare Housing Executive Director has authority to enter into any agreement for employment for any specified period of time. I also understand that this application and any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that this application does not create an offer of employment.

Signature of Applicant

Date

Affirmative Action Survey

(please print clearly)

As an employer, we comply with the Minnesota Department of Human Rights (MDHR) regulations and affirmative action responsibilities. Solely to help us comply with MDHR record keeping and reporting, please fill out the Affirmative Action Survey. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a confidential file separate from the personnel record.

Name _____

Position Applied For _____ Date _____

Date of birth _____

Marital status Single Married Divorced Widowed

Check gender Male Female

Check all of the following race/ethnic groups

(The provision of this information is voluntary and we request it for reporting purposes only. This information will not be used in any discriminatory manner.)

White (not of Hispanic origin)

Hispanic

Native American or Alaskan Native

Asian

African American (not of Hispanic origin)

Native Hawaiian or Other Pacific Islander

Bi-racial

Other _____

Check if any of the following are applicable

Vietnam Era veteran

Disabled veteran

Disabled individual

If you need a reasonable accommodation, please specify type of accommodation needed.

Please be advised that all reasonable precautions will be taken to maintain the confidentiality of this information.