



Employment Application

8786 Egan Drive
Savage MN 55378
(952)402-0200; Fax: (952)233-4138

EOUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Date: _____ Position Desired: _____ Part-time _____ Full-time _____

Full Name: _____

First

Middle

Last

Home Address: _____

Street

City,

State

Zip-Code

Home Telephone # (_____) _____ Other Number(s) _____

How did you know of employment opportunities at Designing Dreams, Inc.? _____

In case of emergency, who should be notified? Name: _____

Telephone Number(s): _____

SPECIAL SKILLS AND OUALIFICATIONS

Explain your interest in working in this field: _____

Summarize related skills and qualifications acquired from employment or other experience: _____

Salary Requirements:\$ _____

Date available to begin work: _____

EDUCATION: Please check if you have: _____ High School Diploma or _____ GED

School Attended (after highschool) # of Years Attended Course of Study Degree/Diploma

EMPLOYMENT HISTORY: (please supply at least 5 years of employment history)

Presently employed by: _____ Position: _____

Address: _____ Telephone: (____) _____

Can we call you at work (please circle)? Yes or No Date Hired _____

Responsibilities _____

EMPLOYMENT HISTORY:

Employer: _____ Position: _____ Dates of Employment: _____ - _____

Address: _____

Contact Person: _____ Telephone (____) _____

May we contact this employer? _____ Reason for leaving: _____

Responsibilities _____

EMPLOYMENT HISTORY:

Employer: _____ Position: _____ Dates of Employment: _____ - _____

Address: _____

Contact Person: _____ Telephone (____) _____

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Responsibilities _____

EMPLOYMENT HISTORY:

Employer: _____ Position: _____ Dates of Employment: _____ - _____

Address: _____

Contact Person: _____ Telephone (____) _____

May we contact this employer? _____ Reason for leaving: _____

Responsibilities _____

EMPLOYMENT HISTORY:

Employer: _____ Position: _____ Dates of Employment: _____ - _____

Address: _____

Contact Person: _____ Telephone (____) _____

May we contact this employer? _____ Reason for leaving: _____

Responsibilities _____

REFERENCES:

1. Name: _____ Address: _____
Firm/Relationship: _____ Telephone:(_____) _____
2. Name: _____ Address: _____
Firm/Relationship: _____ Telephone:(_____) _____

Have you participated or have current certificates of training in any of the following areas?

- CPR
 First Aid
 Medication Administration
 Crisis Intervention
 Vulnerable Adult/Child Protection
 Sign Language

I understand that if I am hired, my continued employment may depend upon verification of no criminal background. This will be done through a Bureau of Criminal Apprehension (BCA) check. Specific information will be required of me in order to process the BCA check.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omissions on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same.

I have read and understand the above.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I authorize Designing Dreams, Inc. to investigate my current or previous academic and employment experience and qualifications and release to Designing Dreams Inc. any information pertinent to my potential employment.

I also agree that if I am hired by Designing Dreams Inc. I authorize release of this application to county social service agencies for the purpose of fulfilling licensing requirements.

Signature

Date