Employment Application

Designing Dreams Inc.

1226 4th Ave. E. Suite 140

Shakopee, MN 55379

(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.

We will provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process.

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.?

Social Security # Driver's License #:

Other lD# (Minnesota, Military, NaturaIization Card):

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

Address:

Street City, State Zip-Code

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:

Time(s) available to work are (please check all that apply):

Weekdays Weekday evenings\_\_ Weekends Holidays

Designing Dreams Inc.

Applicant Name:

Page Two

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

School Attended (after highschool) # of Years Attended Course of Studv 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 ( )

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYMENT HISTORY:

Employer: Position: Dates of Employment: \_\_\_\_\_\_- \_\_\_\_\_\_\_

Address:

Contact Person: Telephone ( )

May we contact this employer? Reason for leaving:

Responsibilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designing Dreams Inc.

Applicant Name:

Page Three

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

Have you ever been convicted of offenses such as homicide, crimes against the person, crimes of compulsion, sex crimes, incest, theft and burglary, arson, obscene phone calls, assault, possession or use of narcotics? (please circle one) YES or NO

Do you have a history of chemical dependency? (please circle one) YES or NO

If yes, have you been chemically free for at least 12 months? (please circle one) YES or NO

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 understand and agree that, if hired, my employment is for an indefinite period of time and may be terminated with or without cause at any time without liability for wages or salary except such as may have been earned at the date of such termination I further understand that this is an application for employment and no employment contract is being offered.

I have read and understand the above.

Signature Date

Designing Dreams Inc.

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

(Rev. 7/8/15)