



Application for Employment

PERSONAL

Position Applying: _____ Date: _____
 Full Time Part Time Temporary

Name: _____ Telephone No. _____
 Last First Middle Alt Telephone No. _____

Present Address: _____

City: _____ State: _____ Zip: _____

Are you legally eligible for employment in the USA? Yes ____ No ____ (if yes, verification required)

Are you of legal age to work? Yes ____ No ____

What Shifts Can You Work? (ICAN requires Direct Care Staff be scheduled every other weekend)
 Early Mornings/Days Evenings Sleep Overnights Weekends Other: _____

Minimum Wage/Salary Desired: _____ Date Available: _____

How were you referred?
 Advertisement Name of Publication: _____
 Employee Referral Name of Employee: _____
 Other Please Specify: _____

Are you able to meet the attendance requirements of this position? _____

Have you submitted an application with us before? _____
 If yes, when? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? Yes No

Circle number of years of post high school education: 1 2 3 4 5 6 7

NAME AND LOCATION OF COLLEGE ATTENDED	DEGREE	MAJOR OR SPECIALTY	MINOR
1.			
2.			

If you expect to complete an educational program in the near future, please indicate the type of degree/program and expected completion date: _____

List subjects of special study, research or training:

List honor societies and academic recognition: _____

BUSINESS REFERENCES

List people from your previous employment, other than relatives, familiar with your work performance.

	NAME	ADDRESS	PHONE NO.	RELATIONSHIP
1.				
2.				
3.				

EMPLOYMENT HISTORY

 Please account for all periods of employment. **Start with the most recent**, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge; skills and abilities, which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. A resume may be attached to supplement information. Information requested below must be completed.

Employer: _____ Phone No. _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____ to _____ Salary: _____ Job Title: _____

 Job Responsibilities: _____ Full Time Part Time

Reason for Leaving: _____

Employer: _____ Phone No. _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____ to _____ Salary: _____ Job Title: _____

 Job Responsibilities: _____ Full Time Part Time

Reason for Leaving: _____

Employer: _____ Phone No. _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____ to _____ Salary: _____ Job Title: _____

 Job Responsibilities: _____ Full Time Part Time

Reason for Leaving: _____

Are you currently employed?

 Yes No

May we contact your current and previous employers?

 Yes No

SPECIAL ACTIVITIES & CONTACTS

List and describe any conferences, workshops, seminars, training programs or professional organizations in which you have participated. These could be supervisory, extension courses, non-degree university programs, etc. taken on company time or on your own time. Describe the major content of the course or organization and your purpose for attending.

List any other information you would like us to consider: _____

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes No If yes, what Branch? _____

OTHER INFORMATION

Are you willing to provide your own transportation if necessary for your employment? Yes No

CERTIFICATION

1. I authorize this organization to make any investigation deemed necessary for employment considerations, promotion or transfer within the organization. I understand that this includes, but is not limited to criminal background check and motor vehicle driving records. I authorize all persons, schools, employers and law enforcement authorities to release any information concerning my background, including all information contained in this application and information provided in the interview. I hereby release any said persons, school, employers and law enforcement authorities from all liability in responding to inquiries in connection with my application for employment.
2. Any acceptance of employment will be predicted upon the truthfulness of the written and verbal statements contained within this application and the pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any offer of employment will be withdrawn and if employed, may be subject to dismissal.
3. If selected for employment, I will comply with the safety, work and attendance policies of my employer.
4. I understand that any offer of employment is contingent upon presentation on my start date of acceptable proof of identity and right to work in the United States.
5. I understand this employment application is not to be construed as a guarantee of employment for a specific time. I understand that if I am selected, my employment with this organization will not constitute any form of contract, implied or expressed and such employment is "at will" which means that either I or ICAN, Inc. may terminate the employment relationship at any time and for any or no reason. If hired, my "at will" employment status may only be changed by a written employment agreement signed by an authorized representative. No ICAN, Inc supervisor has the authority to offer or promise anything other than "at-will" employment.

By my signature, I acknowledge having read and understand the above statement and I promise that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment at ICAN, Inc. I understand that all information on this application is subject to verification and I consent to references, former employers and education institutions listed being contacted regarding this application. I further authorize ICAN, Inc. to rely upon and use, as it sees fit, any information received from such contacts. I agree to immediately notify ICAN if I should be convicted of a felony or any crime while my job application is pending, or during my period of employment, if hired. I also understand that I have the right to receive a copy of this acknowledgment should I request a copy.

Applicant Signature: _____ **Date:** _____

Reference Record

Applicant, complete this top section only.

Applicant's Name: _____ **Previous Name(s):** _____

This form will be sent to any business/personal references listed on your application for authorization to release information on your work/employment history.

By signing below, I authorize ICAN, Inc. to request the following information.

Applicant's Signature: _____ **Date:** _____

The above listed individual has applied to Ican, Inc. and has given us your name/business as a reference. Please help us determine the individuals qualifications by completed the form below and returning it promptly in the enclosed self-addressed stamped envelope or you may fax back to 507.833.8642. Thank you for your consideration.

Company Name: _____ **Telephone:** _____

Contact Person/Title: _____

Address **City** **State** **Zip**

Employment Experience as reported by Applicant:

Job Title: _____

Date of Employment: From _____ To _____

Signature/Title: _____ **Date:** _____

PLEASE RATE THE ABOVE NAMED INDIVIDUAL

HONESTY: excellent good fair poor

INITIATIVE: excellent good fair poor

MATURITY: excellent good fair poor

RECEPTIVE TO REDIRECTION: excellent good fair poor

RELIABILITY: excellent good fair poor

Eligible for rehire: Yes No **WHY?** _____

Additional Comments:

Reference Checked by/Title _____ **Date:** _____

Affirmative Action/ Equal Employment Opportunity

ICAN Inc. of Waseca is an equal opportunity employer. We monitor and report all employment activity to ensure that our equal employment opportunity and affirmative action policies are being enforced. This information will be kept secure and separate from personnel files. Providing information regarding race, sex, and disability status will not affect any employment decisions

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

I choose **not** to complete this section.

Please answer the following:

Race:

- American Indian or Alaska Native
- Asian
- African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White
- Two or More Races

Do you have a disability?

- Yes
- No

Sex:

- Male
- Female