

512 49TH AVE N, LLC

EMPLOYMENT APPLICATION

512 49th Ave N, LLC is an Equal Opportunity Employer. Applicants will be considered for all positions without regard to race, color, religion, creed, gender, national origin, age disability, martial or veteran status, sexual orientation, or any other legally protected status. If you need a reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative.

Please complete all sections and be sure to print, using ink. Today's Date:

GENERAL INFORMATION

Name:

Last

First

Middle

List all Prior Name(s):

Present Address:

Street

City

State

Zip

Phone Number:

Alternate Number(s):

Email Address:

Are you 18 years or older? *

Yes

No

Are you legally authorized to work in the United States?*

Yes

No

Documentation at time of hire will be required as appropriate to comply with federal and state law.

EMPLOYMENT DESIRED

Position(s) Applied For:

Please note that your application will only be considered for the position(s) you identify.

Do you want to work:

Full-time

Part-time

Casual

Temporary

Date available to start work:

Hourly/Salary Expectations:

Have you applied for employment with this company within the last 12 months?

Yes

No

Have you ever worked for us before?

Yes

No

(Please provide your name of record at that time, job title, and dates of employment)

Name

Job Title

Dates of Employment

EDUCATION

Describe your educational background. Include degree(s), licensure, continuing education, certification(s), etc.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				
License/Registration/ Certification Information	Type	State	Number	Expiration Date

Is your license, registration, or certification subject to any restriction, or currently under investigation? Yes No

If yes please provide: DATE

NAME OF REGULATORY BODY

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education, or volunteer experiences, etc. *Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability, or age.*

MISCELLANEOUS

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination, and reason for termination:

EMPLOYMENT HISTORY

(Enter your job history for the past 10 years, starting with your *most recent* position.
Include all military history. Please provide this information even if you have submitted your resume.)

NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED:	FROM:	TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED:	FROM:	TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED:	FROM:	TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	SALARY:
DATES EMPLOYED:	FROM:	TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Email Address	Years Known and In What Capacity

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume, or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this company and myself. If an employment relationship is established, I understand that the employment relationship established is at-will. Meaning, I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and 512 49TH Ave N, LLC has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This company's policies and procedures, including employment at-will, cannot be modified in any way without expressed written intent to do so by the president of this organization.
- I understand that an offer of employment is contingent on providing sufficient documentation necessary to establish my identity and eligibility to work in the United States in accordance with the Immigration Reform and Control Act of 1986.
- I understand that any offer of employment will be conditioned on the successful completion of pre-employment screens including, but not limited to reference checks, background screens, Office of Inspector General (OIG) screen, and drug and alcohol tests. Also, I understand that if I begin employment before completion of all of these checks and screens, and it is determined thereafter that I have unsuccessfully completed the check or screens, St. Olaf Residence Inc. reserves the right to withdraw an offer and/or terminate the employment relationship.
- Unless otherwise noted above, I authorize this company and its representatives to contact my prior employers, former supervisors and company personnel, schools, and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties, and compliance with policies. I authorize my prior employers to provide this company any job-related information, personal or otherwise, they may have regarding me and I release this company and them from any liability resulting from the release of this information. I further authorize all employers, schools, and other persons to provide any information or transcripts that may be requested by this company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

 Date

(Signature of Applicant)

EMPLOYMENT SCHEDULE AVAILABILITY FORM**GENERAL INFORMATION**

Name:

Last

First

Middle

SCHEDULE OF AVAILABILITY

Please list all times willing and able to work in the table below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time(s) Available							
Total Hours Per Day							

ADDITIONAL INFORMATION

Please list upcoming schedule changes that may impact overall availability:

- I understand that this form will be used to assess an applicant's ability to meet overall scheduling and staffing needs of the 512 49th Ave N, LLC
- I understand that it is my obligation to inform 512 49th Ave N, LLC of changes in my availability.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this company and myself. If an employment relationship is established, I understand that I will be required to follow company policy related to staffing, scheduling and time off procedures.

Date

(Signature of Applicant)

DEMOGRAPHIC INFORMATION ON APPLICANTS

Position Applied For: _____

Date: _____

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Employment Opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. *See the Privacy Act Statement below for more information.*

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions. Thank you for helping us to provide better service.

1. How did you learn about this position? (Check One):

- 512 49th Ave N, LLC Internet Site Recruitment
- Other Internet Site (*Please specify source:*): _____
- Job Fair (*Please specify source:*): _____
- Newspaper or magazine (*Please specify source:*): _____
- School or college counselor or other official (*Please specify source:*): _____
- Friend or relative working for the organization.
- Federal, State, or Local Job Information Center
- Other (*Please specify source:*): _____

2. Sex (Check One):

- Male
- Female

3. Ethnicity (Check One):

- Hispanic or Latino** - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

4. Race (Check all that apply):

- American Indian or Alaska Native** - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American** - a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races**