

Application for Employment ProWorks, Inc. 427 E. 10th St. Litchfield MN 55355



In compliance with Federal & State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, age, sex, national origin, marital status, sexual orientation, public assistance status, physical examination or disability or any other protected group status.

NAME						
First		Middle		Last		
CURRENT ADDRESS						
Street Address	City			State	Zip Code	
HOME PHONE	CELL PHONE E-MA		E-MAIL A	AIL ADDRESS		
Are you over the age of 18? Yes No						
If hired, can you furnish proof	that	you are eligible to work in	the United	d States?	Yes No	
Have you applied/worked for this company before? Yes No Position						
If so, what were the	e dat	tes? from		to		
Are you currently employed?	<u> </u>	Yes No				
If offered employment, when could you begin?						
Position for which you are app	lyin	g:				
□ Executive Director □ Employment Services Professional □ Direct Support Professional/Job Coach □ Driver/Transport Aide □ Again & Again Thrift Store (Dassel) □ Again & Again Too Thrift Store (Litchfield) □ Office Manager □ Business Manager □ Program Coordinator □ Custodian □ Volunteer						
Have you received and read the job description for the position that you are applying? \square Yes \square No						
Applicants for employment may be required to drive ProWorks' vehicles and/or transport ProWorks' consumers. ProWorks requires that all drivers have and maintain a driving record free of "serious" driving violations. An annual Motor Vehicle Report (MVR) is run on all ProWorks' personnel. Would you be eligible to transport ProWorks' consumers? Yes No						
HR USE ONLY						
Interview Date/Time						
Offered Employment		Yes No				
Start Date						
Given forms to fill out for employment if hired		Yes No				

	EDUCATIONA	L BA	ACKGRO	UND		
	Name & City			Did you gradu	iate	Course or Major
College						
Technical School						
High School						
Other						
	LIST YOUR WORK EXPER				10 YE	EARS
COMPANY NAME		DA	TES WORF	KED	Т	
ADDRESS, CITY, STATE, ZIP		PO	SITION HE	LD		
PHONE #		DU	TIES/RESI	PONSIBILITIES		
NAME OF SUPERVISOR		BE	GINNING V	VAGE		
		EN	DING WAG	Ε		
FULL TIME		RE.	ASON FOR	LEAVING		
PART TIME						
COMPANY NAME		DA	TES WORF	KED		
			FROM		Т	0
ADDRESS, CITY, STATE, ZIP		PO	SITION HE	LD		
PHONE #		DU	TIES/RESI	PONSIBILITIES		
NAME OF SUPERVISOR		BE	GINNING V	VAGE		

WHITE OF SOF ERVISOR	DEGINATING WINGE	
	ENDING WAGE	
FULL TIME	REASON FOR LEAVING	
PART TIME		
COMPANY NAME	DATES WORKED	
	FROM	
ADDRESS, CITY, STATE, ZIP	POSITION HELD	
PHONE #	DUTIES/RESPONSIBILITIES	
NAME OF SUPERVISOR	BEGINNING WAGE	
	ENDING WAGE	
FULL TIME	REASON FOR LEAVING	
PART TIME		

May we contact your past employers?					
-	in:				
PERSONAL REFERENCES					
Please list three personal references that are not related to you, and are not previous employers.					
NAME 1	ADDRESS 1	PHONE # 1			
NAME 2	ADDRESS 2	PHONE # 2			
NAME 3	ADDRESS 3	PHONE # 3			
PLEASE LIST ANY SPECIAL SKILLS OR ANY SPECIALIZED TRAINING THAT YOU HAVE					
BACKGROUND STUDY Since ProWorks is licensed by the MN Department of Human Services (MnDHS), all ProWorks personnel must receive a "favorable" background study response from the MN Department of Human Services; the background study will include, but may not be limited to, a review of criminal conviction records and reports of abuse and/or neglect of a vulnerable adult or minor. The background study is completed upon initial employment; an "unfavorable" background study is grounds for immediate dismissal.					
PLEASE READ APPLICANT'S CERIFICATION AND AGREEMENT CAREFULLY					
I certify that the information provided in this Employment Application, and any additional material(s) or comments that I have chosen to submit, is true and complete to the best of my knowledge, and I authorize ProWorks to further investigate any statements made verbally or written as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application or interview(s) may result in dismissal. I understand, also, that I am required to abide by all written and unwritten policies and procedures of ProWorks.					
This application for employment will be considered active for a period of time not to exceed 30 days; any applicant wishing to be considered for employment beyond this time period must inquire as to whether or not applications are being accepted at that time.					
I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with ProWorks is considered "at will," this means that the Employee may resign at any time and the Employer may dismiss the Employee at any time with or without "just cause." It is further understood that this "at will" employment relationship may not be changed					

by any written document or by conduct unless the ProWorks Director specifically acknowledges such change in writing.

Date

Applicant's Signature