



Community Living Options

26022 Main Street
Zimmerman, MN 55398

763-856-4866

Fax 763-856-5732

"For Better Options In Life"



Date Application Filled Out: _____ Date Application Received: *(office use only)* _____

Have you previously worked for Community Living Options? Yes No

If Yes, when and where _____

How did you hear about CLO: Newspaper Friend Other

Name:		Social Security Number:	
Address:	City:	State:	Zip:
Phone Number:	Are you 18 years or older? Yes No	Position Desired:	

Referred By: _____

Are you legally eligible for employment in this country? Yes No

Are you employed now? Yes No

If so, may we contact your present employer? Yes No

Type of employment desired? Full Time Part Time Temporary Seasonal/School Break

Date you can start: _____ Salary Desired: _____

Are you able to meet the attendance requirements of the position? Yes No

Education Level

School	Name and location of school	Number of years attended	Did you graduate	Subject studied

General Information

Special Training:
Subject of special training:
Special skills:

Please provide a list of you last three employers, starting with the most recent

Name of Employer:			
Address:		City:	State: Zip:
Starting Date:	Leaving Date:	Job Title:	
Starting Salary:	Ending Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Title:	Phone:
Job description:			
Reason for leaving:			

Name of Employer:			
Address:		City:	State: Zip:
Starting Date:	Leaving Date:	Job Title:	
Starting Salary:	Ending Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Title:	Phone:
Job description:			
Reason for leaving:			

Name of Employer:			
Address:		City:	State: Zip:
Starting Date:	Leaving Date:	Job Title:	
Starting Salary:	Ending Salary:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Title:	Phone:
Job description:			
Reason for leaving:			

References (please use three persons you are not related to, whom you have know at least one year)

Name	Address	Business/Profession	Years	Phone Number

Service Record

Branch of Service:	Discharge Date:	Rank:
Other service information:		

Authorization

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 on this application shall be grounds for dismissal.

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

I also understand and agree that no representative of CLO has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized CLO representative.

Name

Date



Community Living Options

26022 Main Street
Zimmerman, MN. 55398

763-856-4866

Fax 763-856-5732

"For Better Options In Life"



RELEASE OF INFORMATION WAIVER

In consideration of my employment with Community Living Options (CLO), I hereby acknowledge that as part of my employment or my application for employment, the Minnesota Department of Human Services (DHS), will conduct a background study on me and determine whether I am qualified to work in a DHS Licensed facility, as provided in state law and rule. I understand that my failure to cooperate is grounds to terminate or deny employment under MN Statue 245A.04, Subd. 4. I also understand that state law authorizes DHS or County to receive conviction data, certain juvenile data, arrest information, investigation information, substantiated reports of abuse or neglect of adults or children and other information. I hereby authorize DHS or County Social Services to release all information received as part of the background study to CLO. I further acknowledge that my employment is conditioned on initial and continued qualifications as determined by the Commissioner of Human Services, and that determination of disqualification is cause for immediate dismissal. I hereby release CLO, its assigns and successors from any and all liability arising from such dismissal resulting from the Commissioner's determination.

EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at CLO will be based on merit, qualifications, and abilities, CLO does not discriminate in employment opportunities or practices on the basis of race, color, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. CLO will make reasonable accommodations fro qualified individuals with known disabilities unless doing would result in an hardship.

NAME (PLEASE PRINT)

SIGNATURE

DATE

revised 2-11-14