



403 Center Ave ♦ Suite 512  
 Moorhead, MN 56560  
 PH: (218) 233-3991 Fax: (218) 233-2577  
 EEO/AA Employer www.accessrrv.org

## Application For Employment

(PLEASE PRINT PLAINLY AND USE BLACK INK)

Access of the Red River Valley is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, sexual harassment, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, affectional or sexual preference, membership or activity in any local commission, or status regarding public assistance, membership or no-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitations, preference, or discrimination based protected characteristics.

If you are hired by Access of the Red River Valley, you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time and for any reason. Similarly, if you are hired, Access of the Red River Valley will have the right to terminate your employment at any time and for any reason.

*Please complete this application in its entirety. Your opportunity for employment with Access will depend upon the completeness and accuracy of information on this form.*

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
<b>PRESENT ADDRESS</b> (Street, City, State and Zip Code)		
<b>PERMANENT ADDRESS</b> (Street, City, State and Zip Code)		
<b>HOME PHONE</b>	<b>CELL PHONE</b> (if any)	<b>EMAIL ADDRESS</b> (if any)

Position Applied for \_\_\_\_\_ Are you seeking:  Full Time  Part Time

Earnings Expected \_\_\_\_\_ Are you presently employed?  Yes  No

May we contact your present employer?  Yes  N/A  No Please explain. \_\_\_\_\_

May we call you at your workplace?  No  N/A  Yes Phone Number \_\_\_\_\_

When could you report for work? \_\_\_\_\_

If hired, can you furnish proof that you are 18 years of age or older?  Yes  No If the answer is no, please explain. \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the U.S.?  Yes  No If the answer is no, please explain. \_\_\_\_\_

Have you applied for or worked for Access before?  No  Yes When \_\_\_\_\_ Position \_\_\_\_\_

Have you ever been convicted of abuse?  No  Yes Please provide details. \_\_\_\_\_

Have you ever been convicted of a felony in the last seven years?  No  Yes Please provide details. \_\_\_\_\_

Have you ever been disciplined or discharged by an employer?  No  Yes Please provide details. \_\_\_\_\_

Access of the Red River Valley is an Equal Employment Opportunity and Affirmative Action Employer

**Referral Source:**

Advertisement (Please identify) \_\_\_\_\_  Employee (Please identify) \_\_\_\_\_  
 Other (Please identify) \_\_\_\_\_  On-Line: \_\_\_\_\_

**Education:**

School	Name, City, Zip Code	Did you Graduate?	Number of Years Attended	Type of Degree	Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		N/A	N/A
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Education or Training		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Employment Record:**

Starting with the present date and working backwards, list all of your previous employment experiences for the last five years, including military experience. Please also account for periods of unemployment. If more space is needed, use a separate sheet of paper.

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

From (month/yr) \_\_\_\_\_ to \_\_\_\_\_ Begin. Rate of Pay (hourly) \$ \_\_\_\_\_ End Rate of Pay \$ \_\_\_\_\_

Position Held \_\_\_\_\_ Nature of Business \_\_\_\_\_

Briefly describe the work you did \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

From (month/yr) \_\_\_\_\_ to \_\_\_\_\_ Begin. Rate of Pay (hourly) \$ \_\_\_\_\_ End Rate of Pay \$ \_\_\_\_\_

Position Held \_\_\_\_\_ Nature of Business \_\_\_\_\_

Briefly describe the work you did \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

From (month/yr) \_\_\_\_\_ to \_\_\_\_\_ Begin. Rate of Pay (hourly) \$ \_\_\_\_\_ End Rate of Pay \$ \_\_\_\_\_

Position Held \_\_\_\_\_ Nature of Business \_\_\_\_\_

Briefly describe the work you did \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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**References:** Give the names of three people, not related to you, whom you have known at least one year.

Name	Phone	City, State	Business	Years Acquainted

May we contact your previous employers?  Yes  No If no, please explain. \_\_\_\_\_

**Licenses or Certifications** (i.e. LCSW, CNA, etc.): \_\_\_\_\_

Are you currently certified in **CPR?**  Yes  No **First Aid?**  Yes  No

Many Direct Care positions with Access may require overnights and weekend hours.

How many weekends are you available to work each month? \_\_\_\_\_

How many overnights are you able to work each week? \_\_\_\_\_

Minimum number of hours seeking per week: \_\_\_\_\_

Maximum number of hours seeking per week: \_\_\_\_\_

**Hours Available:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest							
Latest							

*Please provide any other information that is relevant to your qualifications for the position for which you are applying.*

**Pre-Employment Statement**

1. Any offer of employment I may receive from Access of the Red River Valley is contingent upon my successful completion of the agency's pre-employment review process. Including the agency's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination(s) that the company may request. I hereby consent to having the results of any post offer pre-employment or post-employment medical exams I may be required to take disclosed to Access.
2. I understand that as a condition of employment at Access, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Access of the Red River Valley. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Access.
3. In processing my application for employment, the agency may verify all information provided by me, or have prepared an investigation consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics and criminal record. I understand that upon the written request to the company, I will be informed, whether an investigation consumer report was requested and given full information as to the nature and scope of this investigation. All applicants & employees are required to pass a Minnesota State DHS background check and/or Clay County Social Services background check. Unfavorable responses from that state/county shall result in the withdrawal or any employment (or employment offers) that have been made and termination.
4. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the agency and I understand that my compensation and conditions of employment can be changed by the agency at any time. I understand that any employment relationship with the agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time without cause. I further understand that no manager or representative of the agency, other than the Executive Director has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the Executive Director.
5. By my signature, I promise that the information provided in this employee application (and in any related documentation) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from consideration for employment, and may lead to my dismissal from employment, if discovered at a later day. I agree to immediately contact Access if I should be convicted or plead guilty to any crime while my job application is pending, or during my period of employment by Access.
6. I authorize any person, school, current or prior employer named in this form (or related documentation or interview) to provide Access with any information and opinion requested by Access in connection with my application, and I release such persons, employers and schools from any liability in making such statements.
7. I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Access' policies, and that Access does not offer contracts, promises or representations related to employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of wages or salary, be terminated at any time and for any reason.

Applicant's Name (PLEASE PRINT) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Do Not Write Below This Line**

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Application review/completed by \_\_\_\_\_ Date \_\_\_\_\_