

# Residential Living Solutions, Inc

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PO Box 268, Sauk Centre, MN 56378  
(320) 351-4583 ~ Office (320) 351-4584 ~ Fax

## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street/PO City/State/Zip

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Hours/Week Desired: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Have you ever applied to Residential Living Solutions, Inc before: Yes / No When: \_\_\_\_\_

Are you between the ages of 18 and 70 years of age? Yes / No Currently a student? Yes / No

The following question is required due to *Department of Human Services* rules governing services to Vulnerable Adults. You will NOT be denied employment solely as a result of a conviction record unless the offense is related to the job for which you have applied.

Have you ever been convicted of a felony or misdemeanor within the past seven years?

Yes / No Explain: \_\_\_\_\_

If you have had NO moving violations or accidents within the past five years, please indicate by your signature in this box.



The following question is required due to insurability for automobile insurance. You will not be denied employment solely as a result of your driving record unless the specific job for which you have applied requires driving as an essential function.

Do you authorize RLS to check your motor vehicle record for driving offenses and continuously there after employed during employment?

Yes / No Signature: \_\_\_\_\_

To your knowledge is there any of your relatives working in this company? Yes / No

Residential Living Solutions, Inc hereby referred to as RLS.

High School					
Name of School	Location	Received Diploma		Date Received	Studied
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		

College, University or Professional School					
Name of School	Location	Dates of Attendance Month/Year		Major/Minor Course of Study	Type of Degree Earned
		From	To		

Job Related Training or Course Work: (Vocational, Trade, Business, Armed Forces, etc.)					
Name of School	Location	Dates of Attendance Month/Year		Major/Minor Course of Study	Type of Degree Earned
		From	To		

Licensure, Registration, Certification Examples: <i>Drivers License, Teacher Certific., RN, LPN, PE, CPA, etc.</i>				
License, Registration or Certification	Number	Date Received	Expiration Date	State Licensing Agency

**Employment History:**

**Name of Last or Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Supr Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Full time  Part Time  Ending rate of pay: \_\_\_\_\_  
Mo Year Mo Year

Reason For Leaving: \_\_\_\_\_ May we contact Yes / No

Duties and Responsibilities: \_\_\_\_\_

**Name of Next Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Supr Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Full time  Part Time  Ending rate of pay: \_\_\_\_\_  
Mo Year Mo Year

Reason For Leaving: \_\_\_\_\_ May we contact Yes / No

Duties and Responsibilities: \_\_\_\_\_

**Name of Next Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Supr Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Full time  Part Time  Ending rate of pay: \_\_\_\_\_  
Mo Year Mo Year

Reason For Leaving: \_\_\_\_\_ May we contact Yes / No

Duties and Responsibilities: \_\_\_\_\_

**Name of Next Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Supr Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Full time  Part Time  Ending rate of pay: \_\_\_\_\_  
Mo Year Mo Year

Reason For Leaving: \_\_\_\_\_ May we contact Yes / No

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Next Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Supr Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Full time  Part Time  Ending rate of pay: \_\_\_\_\_  
Mo Year Mo Year

Reason For Leaving: \_\_\_\_\_ May we contact Yes / No

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Next Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Supr Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Full time  Part Time  Ending rate of pay: \_\_\_\_\_  
Mo Year Mo Year

Reason For Leaving: \_\_\_\_\_ May we contact Yes / No

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Training:** List any additional training to describe your full qualifications.

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**Knowledge/ Skills/ Abilities:** List any KSA's you possess and believe relevant to the position you seek.

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**References:**

NOTE: List individuals who have known you for more than three (3) years; they will be contacted, by phone and in writing (**none** of these can be related to you). PLEASE INCLUDE THE COMPLETE ADDRESS INCLUDING ZIP CODE.

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>	<i>Years Known</i>

**RLS serves clients in residential settings 24 hours per day, 365/6 days per year. Shifts vary from a few hours to 10 hours in length, starting at all times of the day.**

**Circle all the times/days you are available to work.**

**Weekends: Yes / No    Weekdays: Yes / No    Awake Overnights: Yes / No**  
**Mornings: Yes / No    Evenings: Yes / No    Holidays: Yes / No**

**Assurances:**

**Statement of Accuracy:** By my signature, I certify that the information contained in this application is true, and correct to the best of my knowledge. I understand that, if employed, omissions, falsifications, misstatements or misrepresentations contained herein may, at the discretion of RLS, be grounds for dismissal at any later date. I also realize RLS and the county will conduct a criminal background check. I authorize investigation of all statements contained herein. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, other individuals and organizations to investigators, personnel staff and other authorized individuals of the company for employment purposes. I release all parties from liability for any damage that may occur as a result of furnishing the same. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*I have read and understand the above: Applicant Signature*

I will obtain my physician report and mantoux testing at my own expense and give the results to RLS. If hired, I authorize RLS to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment. I understand if I am charged and convicted of driving while under the influence of alcohol and/or drugs my driving privilege with RLS will be immediately revoked and may be cause for termination or hour reduction. These guidelines are subject to change at any time by our automobile insurance carrier.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*I have read and understand the above: Applicant Signature*

**We are an Employer At Will.** Upon consideration of my employment, I agree to conform to RLS's rules, policies and procedures. RLS recognizes that not all applicants for employment have field-related experience. In an effort to ensure that applicants to whom we offer employment will be comfortable, capable, and compatible in this career opportunity, RLS's policy is to have all prospective employees complete at least two shift "shadowing" with the employee regularly scheduled for that shift prior to offering the applicant a position. This is an important component of our interviewing process. The results of "shadowing" not only assist RLS in reaching their final decision on applicants, but also give the applicant the opportunity to ascertain whether or not they are confident in their decision of a career choice. All applicants must be aware that "shadowing" is not to be considered an offer of employment; no remuneration will be paid to the prospective employee, unless employment is offered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*I have read and understand the above: Applicant Signature*

My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or RLS's option. I also understand and agree that the Terms and Conditions of my employment may be changed, with or without cause, and with or without notice, at any time by RLS. I understand that I am on a 30/60/90 day-probation period with no guaranteed raise or employment at the end of the probation. I understand that, if hired, my employment is for no definite period and may, at the discretion of RLS, be terminated at any time. I agree to hold RLS harmless for any action it may take regarding my employment as a result of a statutorily established oversight by any County, State or Federal agency. I understand that no RLS representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into an agreement of employment for any specific period of time, or to make any agreement contrary to the foregoing. If employed, I understand that in periods of low census I may be required to take time off without pay according to RLS needs or I may be reassigned to another home.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*I have read and understand the above: Applicant Signature*

**Thank you for your interest in RLS.**

An Equal Opportunity Employer

RLS does not discriminate on the basis of race, sex, age, or relevant disability.