

Residential Living Solutions, Inc

PO Box 268, Sauk Centre, MN 56378
 (320) 351-4583 ~ Office (320) 352-4011 ~ Fax

APPLICATION FOR EMPLOYMENT

JOB APPLIED FOR (DSP, PC, DC, RN, OFFICE, ETC.)		TODAY'S DATE / /	
PERSONAL DATA			
Name (last, first, middle)			
Street Address and/or Mailing Address		City	State Zip
Home Telephone Number	Mobile Telephone Number	E-mail Address	
Date you can start work	Wage Desired	Do you have a High School Diploma or GED?	
Are you 18 years or older <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		
	Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		
POSITION INFORMATION Check all that you are willing to work			
Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights	<input type="checkbox"/> On-call <input type="checkbox"/> Weekends & Holiday	
Are you authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
We will verify driving record. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number _____ State of License: _____ Class of License: _____			
Have you had your driver's license suspended or revoked in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give details:			
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges degrees, vocational or technical programs, and military training.			
	Name & Address of School	#Years	Diploma/Degree/Certificate
	Subjects Studied		
School			
School			
Other			
MILITARY			
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Rank at Discharge	
Start Date (mo/day/year)	End Date (mo/day/year)		
SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (CPR, leadership, CNA, etc)			

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1	Start Date (mo/day/year)	End Date (mo/day/year)
Company Name	Supervisor Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Wage	Ending Wage

May we contact your present employer Yes No N/A Would like to discuss 1st.

Job Title #2	Start Date (mo/day/year)	End Date (mo/day/year)
Company Name	Supervisor Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Wage	Ending Wage

Job Title #3	Start Date (mo/day/year)	End Date (mo/day/year)
Company Name	Supervisor Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Wage	Ending Wage

Have you worked or attended school under any other name? Yes No If yes, give name(s):

REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references

Name	Address, City, State	Phone	Relationship

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party. I understand that I may be required to successfully pass a drug screening examination. If employed, I understand that in periods of low census or changing resident needs I may be required to take time off without pay according to RLS needs or be reassigned to another home. I understand I may be mandated to work unscheduled shifts per resident supervision needs. *I have read, understand, and by my signature consent to these statements.*

Signature _____ Date ____ / ____ / ____