



Our House I:

1846 Dayton Avenue
St. Paul, Minnesota 55104
(651) 644-6650

Our House II:

1846 Portland Avenue
St. Paul, Minnesota 55104
(651) 644-2411

Office:

1846 Portland Avenue
St. Paul, Minnesota 55104
(651) 646-1104

APPLICATION FOR EMPLOYMENT

Our House of MN., Inc. is committed to providing all qualified persons equal consideration for employment without regard to race, creed, color, sex, national origin, sexual preference and physical or mental handicap.

FULL NAME: _____ SOC. SEC. #: _____ PHONE # _____

DATE OF BIRTH: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ U.S. CITIZEN? YES _____ NO _____

HOW LONG HAVE YOU LIVED IN THIS STATE? _____ THIS CITY? _____

POSITION DESIRED: _____ DATE AVAILABLE FOR WORK: _____

DO YOU HAVE A VALID DRIVERS LICENSE? YES _____ NO _____

DO YOU HAVE A CLEAN DRIVING RECORD? YES _____ NO _____

ARE YOU EMPLOYEED AT THIS TIME? YES _____ NO _____

ARE YOU AVAILABLE TO ATTEND STAFF MEETINGS? (Scheduled every 3rd Tuesday at 7pm currently)
YES _____ NO _____

ARE YOU IN SCHOOL NOW? YES _____ NO _____

ARE YOU PLANNING TO ATTEND SCHOOL WHILE WORKING HERE? YES _____ NO _____

ARE YOU WILLING TO DO OVERNIGHTS: AWAKE _____ SLEEP _____

DO YOU HAVE ANY IMPAIRMENTS WHICH WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB WHICH YOU HAVE APPLIED? YES _____ NO _____

IF "YES" PLEASE DESCRIBE: _____

CHECK ANY/ALL AREAS IN WHICH YOU HOLD A CERTIFICATION THAT IS CURRENTLY VALID:

CPR: _____ FIRST AID: _____ MEDICATION ADMINISTRATION: _____ CNA: _____

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HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (INCLUDING SEX RELATED OR CHILD ABUSE RELATED OFFENSES)?

YES _____ NO _____

EDUCATION:

DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES _____ NO _____

DO YOU HAVE A G.E.D.? YES _____ NO _____

Name and addresses of schools attended.	Courses studied	Dates	Completed (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK HISTORY: List last five years of employment in order.

Name & Address of Employer

_____ Position Held _____ Dates Employed _____

_____ Supervisor Name & Phone Number _____

_____ Reason for Leaving _____

Name & Address of Employer

_____ Position Held _____ Dates Employed _____

_____ Supervisor Name & Phone Number _____

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Name & Address of Employer

_____ Position Held _____ Dates Employed _____

_____ Supervisor Name & Phone Number _____

_____ Reason for Leaving _____

THE SUPERVISORS LISTED ON YOUR WORK HISTORY WILL BE CONTACTED FOR A REFERENCE.

The above information given is true and accurate to the best of my knowledge. I understand that knowingly providing inaccurate and false statements could result in termination of my employment at Our House of MN., Inc.

Signed _____ Date: _____
Signature of Applicant