

**Please read carefully and complete by printing in ink or typing.**

**An Equal Opportunity Employer**

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, or perceived sexual orientation, age, disability, handicap, marital status, or status with regard to public assistance. Information provided on this application will not be used for any discriminatory purpose.

**Provide all information requested.**

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Last name    First    MI			Date of application					
Street address			Driver's License Number		Driver's Lic. Endorsements			
City		State	ZIP		Home telephone		Work telephone	
E-Mail Address				Cell phone				
How were you referred to HSI? (Circle only one.)	A By your college	B Advertisement (list source)	C Employment agency	D By an employee (if so, give name):		E Open house	F Walk-in	G Other

**Job Interest**

Position Desired	
Wages or Salary Expected \$	Date Available for Employment
Other Positions for Which You Are Qualified	

**Educational History**

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Highest Grade Completed/Degree
			From	To	Yes	No	
High school			n/a	n/a			
Technical/trade (after high school)							
College (list all attended)							
Other education/training/first aid							

**Employment Record**

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present employer		Type of business	Describe major duties/accomplishments
Street address		Phone number	
City	State	ZIP code	
Supervisor's name		Phone number	
Salary	Dates worked		
Starting	From		
Final	To		
Reason for leaving			

Previous employer		Type of business	Describe major duties/accomplishments
Street address		Phone number	
City	State	ZIP code	
Supervisor's name		Phone number	
Salary	Dates worked		
Starting	From		
Final	To		
Reason for leaving			

Previous employer		Type of business	Describe major duties/accomplishments
Street address		Phone number	
City	State	ZIP code	
Supervisor's name		Phone number	
Salary	Dates worked		
Starting	From		
Final	To		
Reason for leaving			

**Activities / Skills** - Exclude those indicating race, color, religion, sex, national origin, age, or handicap

Professional memberships, certificates, or licenses held:
Past and present civic or cultural activities — include offices held:
Areas of Speciality:

Other language skills / experience

***Volunteer Activities*** -List any volunteer activities in which you have participated

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**Office/Clerical Skills**

Typing	Yes No	Words per minute:	Type of machines operated	Years experience
Taking Dictation	Yes No	Words per minute:	Computer skills	
Transcription	Yes No	Words per minute:		
Please list other skills and/or equipment experience you have acquired			List other skills	

**Personal Data**

Are you a U.S. citizen or are you legally authorized to work in the U.S.?  Yes  No  
 (You will be required to provide proof of your eligibility to work in the U.S. at the time of hiring)

Why do you want to work for HSI?

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**Legal Data**

Have you been convicted of a felony ?  Yes  No

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Have you been convicted of a misdemeanor committed within the past 5 years, or were you imprisoned for a misdemeanor which occurred more than 5 years ago?  Yes  No

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Have you ever been investigated by a professional board for alleged professional Misconduct, whether or not the allegation was substantiated?  Yes  No

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If "yes" to any of the above questions, please attach an explanation. This information will not necessarily bar an applicant from employment.

Medicare/Medicaid Exclusion

Have ever been excluded from any federal health care program?

Yes

No

If yes, please explain the circumstances and periods of exclusion:

[Empty text box for explaining exclusion circumstances]

For certain jobs, HSI is required to check the list of excluded individuals on the Health and Human Services, Office of the Attorney General website. Being on this list may result in your not being hired, or if hired, may result in termination.

**Professional/Work References**

List three professional references or list two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Company Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

May we contact your present employer?

Yes

No

Contact Name:

Phone Number:

If any of your educational or employment records are under other than the above name, please provide other names.

**Please attach current copy of required diploma and licensure/certificate for employment opportunity (i.e. LP, LMFT, LICSW, LADC, etc.)**

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from HSI's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of HSI or myself. I also understand that employment with HSI is for no definite period of time and may be terminated by me or by HSI with or without cause at any time. Employment and its terms are subject to all current and future approved HSI policies.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release such parties from all liability from any damages which may result from furnishing such information to you.

My signature below acknowledges my agreement to take any physical examinations that HSI may require, including testing for illegal or unauthorized substances. I understand that any offer of employment is contingent upon successfully passing the examination requirements and agreeing to take future physical exams, including drug screening, which HSI may require for the health and safety of its employees and property.

**If you are presently a client of HSI, you may be required to seek treatment elsewhere if you are hired.**

Signature

Date

VOLUNTARY EMPLOYMENT INFORMATION FORM

Dear Applicant:

We appreciate your interest in employment at Human Services, Inc. The information requested is optional and is being collected for the purpose of reporting to State and Equal Employment Opportunity Agencies and will not be considered as part of your application materials for employment, nor will it be shown to the hiring supervisor/manager. It will be separated from the application.

Your assistance in this matter will be appreciated.

NAME (Optional): \_\_\_\_\_

POSITION YOU ARE APPLYING FOR \_\_\_\_\_

Please check one of the following:

- Female
- Male

Please check one of the following:  
(see definitions below)

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or More Races

If you do not wish to supply this information, please check here. \_\_\_\_\_

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North America.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**In addition, please help us evaluate the effectiveness of the medium for our advertisement by checking one of the following:**

I saw the ad for this position in:

- |   |   |
|---|---|
| <input type="checkbox"/> HSI Website                                  | <input type="checkbox"/> Minnesota Workforce Website  |
| <input type="checkbox"/> Recruitment Poster                           | <input type="checkbox"/> Careerbuilder.com            |
| <input type="checkbox"/> Newspaper (please specify name of newspaper) | <input type="checkbox"/> Other (please specify below) |

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