



State & Federal employment posters are located in the copy room at main office; ask receptionist for assistance if needed.

### Education

School Name	School Address (City & State)	Number of years	Diploma or Degree(s) <u>Attained</u>
<i>High School</i>			H.S. Diploma: _____ G.E.D.: _____ Diploma/G.E.D equivalent (explain): _____
<i>College 1</i>			
<i>College 2</i>			
<i>College 3</i>			

### Employment History

	Employment Dates (Start - End)	Employer Information (Name, City, State, & Telephone #)	Wages (Start - End)	Essential Job Functions	Reason for Leaving
R e c e n t	_____		_____		
	_____		_____		
	_____		_____		
↓ F o r m e r	_____		_____		
	_____		_____		
	_____		_____		

**Professional Licenses or Certifications** (Please enter NA if not applicable)

LPN: \_\_\_\_\_ CNA: \_\_\_\_\_ RN: \_\_\_\_\_ HHA: \_\_\_\_\_ Social Worker: \_\_\_\_\_ Other: \_\_\_\_\_

List any additional information you would like to disclose: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **Applicant Statement**

(Read Completely)

I certify that the information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Opportunity Matters, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the County Social Services/Minnesota Department of Human Services (DHS) will conduct a background study and determine whether I am qualified to work in a DHS licensed facility, as provided in state law and rule. I understand that my failure to cooperate is grounds for dismissal or deny employment under MN Statute 245A.04, sub. 3 and Minn. Rule 9543 – 30 40, subp 4. I also understand that state law authorizes DHS to receive conviction data, certain juvenile data, arrest information, investigation information, substantiated reports of abuse or neglect of adults or children and other information. I hereby authorize DHS to release all information received as part of the background study to the program. I further acknowledge that my employment is conditional on initial and continued qualification as determined by the Commissioner of Human Services and that determination of disqualification is cause for immediate dismissal. I hereby release the company, its assigns and successors from any and all liability arising from such dismissal resulting from the commissioner determination.

I understand that the Office of Inspector General will determine whether I am qualified to work for the Organization. In addition, the OIG has been given the authority to exclude from participation in Medicare, Medicaid and other Federal health care programs individuals and entities who have engaged in fraud or abuse, and to impose civil money penalties (CMPs) for certain misconduct related to Federal health care programs (sections 1128 and 1156 of the Social Security Act, (the Act)). I further acknowledge that my employment is conditional on initial and continued qualification as determined by the OIG and that determination of exclusion is cause for immediate dismissal. I hereby release the company, its assigns and successors from any and all liability arising from such dismissal resulting from the OIG's determination.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contract to the foregoing express language are valid unless they are in writing and signed by the employer's Administrator.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, and federal laws.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand this application remains current for only 90-days. At the conclusion of this 90-day period, if I still want to be considered for employment I will need to reapply by completing a new application. I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application.

**\*\*\*DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT COMPLETELY\*\*\***

By signing below I, \_\_\_\_\_ (print name) certify that I have read completely, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

## Applicant Survey Form

Opportunity Matters Inc.

An Equal Opportunity & Affirmative Action Employer

**Last name**

**First name**

**Middle Initial**

**Date completed**

**Position for which you are applying (must be the same as on application)**

**Please read carefully:**

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. \* *When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.*

**Ethnicity – Are you Hispanic or Latino?**

- No, I am not Hispanic or Latino
- Yes, I am Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin

**Race - Select one or more**

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: 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.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or more races: A person who identifies with more than one of the above races

**Disability - Are you a person with a disability?**

- Yes
- No

**Gender – Select one**

- Female
- Male

**Are you a veteran?**

- Yes
- No

**If yes, please select the one that applies to you:**

**Vietnam-Era Veteran**

Vietnam Era Veteran means a person who:

1. Served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: a. in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases; or
2. Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; a. in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or b. between August 5, 1964, and May 7, 1975, in all other cases.

**War/Campaign/Expedition Veteran**

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

**Armed Forces Service Medal Veteran**

Armed Forces Service Medal Veteran means: A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985. To identify the military operations that meet this criterion, check your DD Form 214, Certificate of Release or Discharge from Active Duty.

**Disabled Veteran**

Disabled veteran means:

1. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
2. A person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran**

Any veteran during the three-year period beginning on date of such veteran's discharge or release from active duty in the U. S. military, ground, naval or air service.

**\* This form is *not used for employment decisions*.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.