



MINNESOTA INDIAN WOMEN'S RESOURCE CENTER

APPLICATION FOR EMPLOYMENT

(Please Print in Ink or Type)

APPLICANT INFORMATION

Date: _____

Name (Last, First, Middle) _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Are you legally authorized to work in the United States? Yes No

POSITION INFORMATION

Position Applying for _____ Date Available for Work _____

Salary Requirements _____ How did you learn about the position _____

Have you ever applied for employment with us? Yes No

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings - Afternoon - Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants will receive consideration for employment, regardless of their race, color, creed, religion, national origin, gender, disability, age, marital status, ancestry, sexual preference, or status with regard to public assistance.

EMPLOYMENT

Please provide your employment history, starting with most recent.

Company Name:	Position Title:
Street Address:	City/State/Zip:
Description of Duties:	
Employed from: _____ to _____ Last Salary: \$ _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consultant/Contract	Full Name of Supervisor: _____ Phone #: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	

Company Name:	Position Title:
Street Address:	City/State/Zip:
Description of Duties:	
Employed from: _____ to _____ Last Salary: \$ _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consultant/Contract	Full Name of Supervisor: _____ Phone #: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	

Note: The above information still needs to be completed even if you have included your resume.

EMPLOYMENT *continued...*

Company Name:	Position Title:
Street Address:	City/State/Zip:
Description of Duties:	
Employed from: _____ to _____ Last Salary: \$ _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consultant/Contract	Full Name of Supervisor: _____ Phone #: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	

Company Name:	Position Title:
Street Address:	City/State/Zip:
Description of Duties:	
Employed from: _____ to _____ Last Salary: \$ _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consultant/Contract	Full Name of Supervisor: _____ Phone #: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	

Note: *The above information still needs to be completed even if you have included your resume.*

VOLUNTEER/UNPAID WORK EXPERIENCE *(start with current or most recent)*

Company Name:	Volunteered (month and year) From: _____ To: _____
Address:	Phone:
Name of Supervisor:	Reason for Volunteering:
Job Title and Description of Work:	Reason for Leaving:

Organization/Company Name:	Volunteered (month and year) From: _____ To: _____
Address:	Phone:
Name of Supervisor:	Reason for Volunteering:
Job Title and Description of Work:	Reason for Leaving:

EDUCATION/TRAINING

	Name & Location	Field of Study	Grade/Degree Completed
High School			
GED Equivalent			
College/University			
Technical/Vocational			
Other Training <i>(including military training)</i>			

Please list any other professional licenses or certifications you may have: _____

ADDITIONAL INFORMATION

Specialized Skills (*check skills that apply to you*)

- PC/MAC
- ACCESS
- WINDOW APPLICATIONS
(Excel, PowerPoint, Word & OneNote)
- Outlook
- Bookkeeping
- General Use of Office Equipment
(i.e.: Facsimile, Photocopy, Telephone System)
- Other _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

REFERENCES

Please list three professional references (not related to you), who have knowledge of your qualifications for the position you are seeking.

Name: _____ Relationship: _____
Years Acquainted: _____ Phone #: _____
Name: _____ Relationship: _____
Years Acquainted: _____ Phone #: _____
Name: _____ Relationship: _____
Years Acquainted: _____ Phone #: _____

All applicants will be asked during the interviewing process to complete a written form concerning their criminal record or criminal history. The existence of a criminal record does not constitute an automatic exclusion from employment. However, if the results are unsatisfactory, an offer that has been made may be withdrawn or the person's employment with the Agency may be terminated.

AUTHORIZATION AND ACKNOWLEDGEMENT

I certify, to the best of my knowledge, that all information provided by me on this application is true and complete. I understand that any false or misleading statements made by me in the application process are sufficient reason for my not being hired or for my dismissal if I am already employed no matter when discovered.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Agency and myself for employment. No promise regarding employment has been made to me, and I understand that no such promise is binding upon the Agency unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason and the Agency retains the same right regarding the discontinuation of my employment.

I hereby acknowledge that I have read the above statement and understand it. I agree to its terms.

Signature of Applicant

Date

To aid in verification, list any other name(s) under which school, employment, or other records are kept:

(Please Print)