**EMPLOYMENT APPLICATION**

**Paradigm Residential Services, Inc**

 P.O. Box 63

 Princeton MN 55371

 763-856-7700

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|  **TODAY’S DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First MI **HOME PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CURRENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip |

 763-856-7701 Fax

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| **APPLICANT INSTRUCTIONS:** |

**If you need help filling out this Application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.**

**1. Please read \*\*APPLICANT NOTE below.**

**2. Complete both sides of this page.**

**3. If more space is needed to complete any questions, use the COMMENTS section at the bottom of this page.**

**4. Print clearly, incomplete or illegible applications will not be processed. Please note “not applicable” if not answering a question. .**

**5. Do not fill out any other attached form or pages until instructed.**

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| **APPLICANT NOTE** |

**This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height , weight, use of guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.**

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| **AVAILABILITY** |

**FOR WHICH POSITION ARE YOU APPLYING?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the shifts you would be available to work by circling Yes or No next to the shift described.

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| **SHIFT** | **AVAILABLE TO WORK?** | MONDAY – FRIDAY: 7AM – 3 PM  | Yes / No |
| PART TIME  | Yes / No | SLEEP NIGHTS: 10 PM – 7 AM | Yes / No |
| FULL TIME | Yes / No | WEEKEND: Every Other Friday, 10 PM to Sunday 10 PM | Yes / No |
| MONDAY – FRIDAY: 3 PM – 10 PM | Yes / No | OTHER: | Yes / No |

Are you between the ages of 18 and 70 years of age? 🞏 Yes 🞏 No

Wage desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of hours per week desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked for Paradigm Residential Services, Inc. before?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a member of the armed services? If so, what branch? 🞏 Army 🞏 Air Force 🞏 Navy 🞏 Marines 🞏 Guard or Reserves

 Are presently a Guard or Reserve member? 🞏 yes 🞏 No

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| **SECURITY** |

THE FOLLOWING QUESTIONS IS REQUIRED DUE TO DEPARTMENT OF HUMAN SERVICE RULES GOVERNING SERVICES TO VULNERABLE ADULTS. YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF CONVICTION RECORD UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO if THE JOB REQUIRES, DO YOU HAVE THE APPROPRIATE VALID DRIVERS LICENSE?

NAME ON THE LICENSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TYPE \_\_\_\_\_\_\_\_\_STATE OF ISSUE \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO HAVE YOU HAD ANY MOVING VIOLATIONS? PLEASE DESCRIBE.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN GIVEN ABOVE? IF SO, PLEASE LIST IN COMMENTS, BELOW.

\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST FIVE YEARS? IF SO, PLEASE DESCRIBE IN THE FOLLOWING BOXES (SEE REVERSE SIDE). (CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY AND APPLICABLE STATE AND FEDERAL LAWS, FACTORS SUCH AS AGE AT TIME OF THE OFFENSE, REMOTENESS OF THE OFFENSE, TIME SINCE LAST CONVECTION, NATURE OF THE JOB SOUGHT AND REHABILITATION EFFORT WILL BE REVIEWED.)

 **INCIDENT CITY / STATE CHARGE**

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| 1. |  |  |
| 2. |  |  |

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| **COMMENTS** |

PLEASE LIST ANY OTHER SKILLS, LICENSES OR CERTIFICATES THAT MAY BE JOB-RELATED OR THAT YOU FEEL WOULD BE OF VALUE TO THIS JOB OR COMPANY (ask for an

additional page if necessary):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PREVIOUS EMPLOYERS** |

**PLEASE NOTE:** Your application will not be considered unless every question in the section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book, or call information if necessary. **FOR EMPLOYERS OUTSIDE THE U.S.A.: A CURRENT FAX NUMBER IS MANDATORY.**

**MOST RECENT EMPLOYER:** Are you currently working for this Employer? 🞏 Yes 🞏 No

Phone: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

Fax: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

If yes, may we contact?🞏 Yes 🞏 No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Name City State

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dates Employed

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for Leaving

**SECOND MOST RECENT EMPLOYER:** Are you currently working for this Employer? 🞏 Yes 🞏 No

Phone: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

Fax: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

If yes, may we contact?🞏 Yes 🞏 No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Name City State

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dates Employed

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for Leaving

**THIRD MOST RECENT EMPLOYER:** Are you currently working for this Employer? 🞏 Yes 🞏 No

Phone: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

Fax: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

If yes, may we contact?🞏 Yes 🞏 No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Company Name City State

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dates Employed

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for Leaving

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| **REFERENCES** |

Include only individuals familiar with your work ability. **DO NOT INCLUDE RELATIVES.**

 **NAME ADDRESS / PHONE YEARS KNOWN / RELATIONSHIP**

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| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |

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| **EDUCATION** |

**NOTE:** Do not fill out any part of this section you believe to be non-job related. Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on Page 1, please enter that name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include only individuals familiar with your work ability. **DO NOT INCLUDE RELATIVES.**

 **NAME AND LOCATION SUBJECTS STUDIED DID YOU GRADUATE?**

|  |  |  |  |
| --- | --- | --- | --- |
| High School |  |  |  |
| College or Vocational |  |  |  |

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| **CERTIFICATION AND RELEASE** |

**I certify that answers given herein are true and complete, to the best of my knowledge. I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature which means that the employee may resign at any time and the employer may discharge employee at any time, with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE:**:  |  | **DATE:**  |  |