



2720 North Broadway, Rochester, Minnesota 55906
 507.285.1815 888.460.1815

Employment Application

Date _____

SEMCIL and SEMCIL UHHC ARE AN AFFIRMATIVE ACTION - EQUAL OPPORTUNITY EMPLOYER.
 WE EMPLOY INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, AGE, SEX, RELIGION, MARITAL STATUS, NATIONAL ORIGIN,
 SEXUAL ORIENTATION, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			COUNTY	
CITY	STATE	ZIP CODE	HOME PHONE ()	
Phone Number where you can be reached if different from home phone: ()				
Date of birth (to be completed by those under age 18):				

POSITION INFORMATION

POSITION APPLYING FOR	LOCATION
HOURS DESIRED ___ FULL TIME ___ PART TIME ___ TEMP.	EARNINGS EXPECTED \$ PER
WHO REFERRED YOU TO SEMCIL and/or SEMCIL UHHC? (IF NEWSPAPER, PLEASE GIVE NAME OF NEWSPAPER)	

EDUCATION INFORMATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSES MAJORED IN	NUMBER OF YEARS COMPLETED	GRADUATED? YES/NO DEGREES RECEIVED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS OR TRADE SCHOOL				
OTHER				

MILITARY HISTORY

MILITARY BRANCH (CHECK THE APPLICABLE BOX) ___ AIR FORCE ___ NATIONAL GUARD ___ ARMY ___ NAVY ___ MARINES ___ COAST GUARD ___ OTHER			
ACTIVE SERVICE MONTH YEAR	RANK WHEN LEAVING	RESERVE STATUS (CHECK APPROPRIATE BOX) ___ READY ___ STANDBY ___ NONE	RESERVE OBLIGATION COMPLETION DATE (IF APPLICABLE) MONTH YEAR

EMPLOYMENT HISTORY**PRESENT OR MOST RECENT EMPLOYER**

NAME OF COMPANY

TYPE OF BUSINESS

STREET

CITY

STATE

ZIP

POSITION TITLE

SUPERVISORS NAME:

TITLE:

PHONE NUMBER:

BRIEF DESCRIPTION OF JOB

DATES OF EMPLOYMENT FROM ___/___/___ TO ___/___/___ STARTING SALARY \$ _____ PER ___ YEAR ___ MONTH ___ HOUR PRESENT SALARY \$ _____ PER ___ YEAR ___ MONTH ___ HOUR

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

SECOND PREVIOUS EMPLOYER

NAME OF COMPANY

TYPE OF BUSINESS

STREET

CITY

STATE

ZIP

POSITION TITLE

SUPERVISORS NAME:

TITLE:

PHONE NUMBER:

BRIEF DESCRIPTION OF JOB

DATES OF EMPLOYMENT FROM ___/___/___ TO ___/___/___ STARTING SALARY \$ _____ PER ___ YEAR ___ MONTH ___ HOUR PRESENT SALARY \$ _____ PER ___ YEAR ___ MONTH ___ HOUR

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

THIRD PREVIOUS EMPLOYER

NAME OF BUSINESS

TYPE OF BUSINESS

STREET

CITY

STATE

ZIP

POSITION TITLE

SUPERVISORS NAME:

TITLE:

PHONE NUMBER:

BRIEF DESCRIPTION OF JOB

DATES OF EMPLOYMENT FROM ___/___/___ TO ___/___/___ STARTING SALARY \$ _____ PER ___ YEAR ___ MONTH ___ HOUR PRESENT SALARY \$ _____ PER ___ YEAR ___ MONTH ___ HOUR

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

REFERENCES (OTHER THAN THOSE MENTIONED IN PREVIOUS WORK EXPERIENCE – PROFESSIONAL REFERENCES ONLY)

REFERENCE (NOT FORMER SUPERVISOR OR RELATIVE)	OCCUPATION	ADDRESS	TELEPHONE NUMBER	NO. YEARS KNOWN
1.				
2.				
3.				

PERSONAL CARE ASSISTANT, HOME HEALTH AIDE OR HOMEMAKER APPLICANTS ONLY

EXPERIENCE WITH OR KNOWLEDGE OF PERSONS WITH DISABILITIES

HOURS AND DAYS WHICH YOU ARE AVAILABLE TO WORK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

OFFICE APPLICANTS ONLY

PERSONAL COMPUTER USED

TYPING WPM

SHORTHAND WPM

TYPES OF SOFTWARE USED:

ADDITIONAL OFFICE EQUIPMENT YOU CAN OPERATE, SUCH AS CASH REGISTER, TEN-KEY CALCULATOR, TELEPHONE SWITCHBOARD, COPIER, FAX, ETC:

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO: (IF YES, YOU WILL BE ABLE TO EXPLAIN ON DISCLOSURE FORM)
 HAVE YOU EVER BEEN A DEFENDANT IN A PROFESSIONAL MALPRACTICE LITIGATION? YES NO

****DRIVING ON COMPANY TIME IS AN EVER-PRESENT POSSIBILITY AS PART OF YOUR POTENTIAL EMPLOYMENT. AS A RESULT, AN ACCEPTABLE MOTOR VEHICLE RECORD (MVR) REVIEW WILL BE REQUIRED, AS WELL AS PROOF OF CURRENT AUTO INSURANCE COVERAGE, WITH AT LEAST THE STATE MINIMUM LIABILITY LIMITS****

CONSENT TO OBTAIN INFORMATION FOR EMPLOYMENT PURPOSES

I hereby give permission to Southeastern Minnesota Center for Independent Living, Inc., and/or SEMCIL United Home Healthcare Choices, Inc. (SEMCIL and/or SEMCIL UHHC) to make whatever inquires it deems necessary to process my application for employment. SEMCIL and/or SEMCIL UHHC will contact law enforcement agencies.

I understand that this application and initial interview will not guarantee that I will be hired by SEMCIL and/or SEMCIL UHHC and referred to SEMCIL and/or SEMCIL UHHC consumers. I further understand that my employment may be determined in whole in part based on the reports issued by such agencies. I hereby release the above-mentioned parties from all liability for any damage that may result from any information obtained.

I hereby authorize any person(s) including former employers to furnish any and all information including employment records and job performance, or any other pertinent job-related information in their possession without any liability or exposure to damages whatsoever on account of having furnished such information. I further understand that if employment is offered to me by SEMCIL and/or SEMCIL UHHC, it will be on an at-will basis and may be terminated at any time by either party with or without cause.

I hereby certify that the statements and information made in this application are, to the best of my knowledge, completely true and correct; and I have read the above notice on a reference report.

APPLICANTS SIGNATURE _____ DATE _____

NOTICE TO APPLICANTS

APPLICATIONS WILL BE CONSIDERED FOR ONE YEAR. IF AN APPLICANT HAS NOT HEARD FROM THE COMPANY WITHIN THIS TIME, THE APPLICATION HAS BEEN FILED AND THE APPLICANT NEEDS TO REAPPLY TO BE CONSIDERED FURTHER.

FOR TEMPORARY EMPLOYEES

I UNDERSTAND THAT I HAVE BEEN HIRED BY SEMCIL and/or SEMCIL UHC FOR A TEMPORARY PERIOD OF TIME ONLY.
ESTIMATED LAST DATE OF EMPLOYMENT: _____

EMPLOYEE SIGNATURE

DATE

AFFIRMATIVE ACTION DATA

Providing the following information is **voluntary**. Providing this information assists SEMCIL and UHHC in tracking progress to the Affirmative Action plans and goals. This information will be reviewed by the Human Resources Manager. This information will be kept confidential and filed separate from other application materials.

Date: _____

Name: _____

Position applying for: _____

Company: SEMCIL
 SEMCIL UHHC

Sex: Male Female

Race: African American
 Hispanic
 Native American/Alaskan Native
 White
 Asian/Pacific Islander

If applicable, check one: Vietnam Veteran
 Disabled Veteran
 Disabled Individual

Referral Source: Newspaper Ad
 Walk-in
 Employee Referral
 Client/Consumer Referral
 Job Service
 Other, please note: _____