



EMPLOYMENT APPLICATION

Rochester Office: 2200 2nd ST SW, Rochester, MN 55902
 507-285-1815 | 888-460-1815
Winona Office: 1790 West Broadway, Winona, MN 55987
 507-452-5490 | 888-452-5490

Date Completed: _____

SEMCIL IS 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	
Home Phone	Cell Phone		
Date Of Birth (To Be Completed By Those Under Age 18)	Email		

POSITION INFORMATION

POSITION APPLYING FOR	LOCATION
HOURS DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP
EARNINGS EXPECTED	\$ PER
WHO REFERRED YOU TO SEMCIL? (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	RANK WHEN LEAVING	RESERVE STATUS (Check One)
Month Year		<input type="checkbox"/> Ready <input type="checkbox"/> Standby <input type="checkbox"/> None
RESERVE OBLIGATION COMPLETION DATE (If applicable)		Month Year

EMPLOYMENT HISTORY**PRESENT OR MOST RECENT EMPLOYER**

Name of Company	Type of Business
-----------------	------------------

Address

City	State	Zip
------	-------	-----

Position/Title	Supervisor's Name: Title: Phone Number:
----------------	---

Brief Description of Job:

Dates of Employment	From	Starting Salary	\$ _____ per	<input type="checkbox"/> Year	<input type="checkbox"/> Month	<input type="checkbox"/> Hour
	To	Ending Salary	\$ _____ per	<input type="checkbox"/> Year	<input type="checkbox"/> Month	<input type="checkbox"/> Hour

Reason For Leaving

May We Contact This Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------	------------------------------	-----------------------------

SECOND PREVIOUS EMPLOYER

Name of Company	Type of Business
-----------------	------------------

Address

City	State	Zip
------	-------	-----

Position/Title	Supervisor's Name: Title: Phone Number:
----------------	---

Brief Description of Job:

Dates of Employment	From	Starting Salary	\$ _____ per	<input type="checkbox"/> Year	<input type="checkbox"/> Month	<input type="checkbox"/> Hour
	To	Ending Salary	\$ _____ per	<input type="checkbox"/> Year	<input type="checkbox"/> Month	<input type="checkbox"/> Hour

Reason For Leaving

May We Contact This Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------	------------------------------	-----------------------------

THIRD PREVIOUS EMPLOYER

Name of Company	Type of Business
-----------------	------------------

Address

City	State	Zip
------	-------	-----

Position/Title	Supervisor's Name: Title: Phone Number:
----------------	---

Brief Description of Job:

Dates of Employment	From	Starting Salary	\$ _____ per	<input type="checkbox"/> Year	<input type="checkbox"/> Month	<input type="checkbox"/> Hour
	To	Ending Salary	\$ _____ per	<input type="checkbox"/> Year	<input type="checkbox"/> Month	<input type="checkbox"/> Hour

Reason For Leaving

May We Contact This Employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------	------------------------------	-----------------------------

REFERENCES (Other than those mentioned in previous work experience. Professional references only)

REFERENCE NAME (Not former supervisor or relative)	OCCUPATION	ADDRESS	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN
1.				
2.				
3.				

PERSONAL CARE ASSISTANT 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

COMPUTER EXPERIENCE: NONE/LITTLE BASIC INTERMEDIATE ADVANCED

BASIC OR ABOVE EXPERIENCE WITH (Check all that apply): WORD EXCEL OUTLOOK POWER POINT
 PUBLISHER OTHER SOFTWARE:

TYPING WPM:

Additional equipment:

Experience with(check all that apply): Fax machine Copiers Multi-line phones

ADDITIONAL INFORMATION

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 may be required

CONSENT TO OBTAIN INFORMATION FOR EMPLOYMENT PURPOSES

I hereby give permission to Southeastern Minnesota Center for Independent Living, Inc. (SEMCIL) to make whatever inquiries it deems necessary to process my application for employment. SEMCIL will contact law enforcement agencies.

I understand that this application and initial interview will not guarantee that I will be hired by SEMCIL. I further understand that my employment may be determined in whole or 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 it will be on an at-will basis and may be terminated at any time 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 accurate.

Applicant's 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 applicant needs to reapply to be considered further.

FOR TEMPORARY EMPLOYEES

I understand that I have been hired by SEMCIL for a temporary period of time only.

Estimated last date of employment: _____

Employee Signature: _____ Date: _____



SEMCIL, Inc.
 2200 2nd ST SW
 Rochester, MN 55902
 Phone: 507-285-1815 | Fax: 507-288-8070

REFERENCE REQUEST

****This section to be completed by applicant****

Date: _____

Attention: _____

Phone Number of Reference Provided: _____

Company Name: _____

Company Address: _____

_____ has applied for a position as a direct caregiver and has provided your name as a professional reference. As a thorough reference check is essential for employment, I would appreciate you furnishing the requested information. All information will be kept strictly confidential. A prompt reply will be greatly appreciated.

Regards,
 SEMCIL Human Resources

Applicant Release of Information:

I authorize SEMCIL to request the following information from the above-named individual and/or company. I hereby release from all liability the company and/or person completing this form and authorize them to release all information regarding my employment.

Applicant Signature Last 4 digits of SSN Date

To be completed by previous or current employer

- Dates of employment: From _____ To _____
- Position(s) held: _____

Please rate the applicant on the following attributes:

Evaluation of:	Excellent	Good	Fair	Poor
Quality of work				
Technical skills				
Communication skills – <i>Oral</i>				
Communication skills – <i>Written</i>				
Self-direction				
Ability to get along with others				
Dependability				
Attendance				

Signature of individual completing request: _____

Title: _____ Date: _____



REFERENCE REQUEST

****This section to be completed by applicant****

Date: _____
Attention: _____
Phone Number of Reference Provided: _____
Company Name: _____
Company Address: _____

_____ has applied for a position as a direct caregiver and has provided your name as a professional reference. As a thorough reference check is essential for employment, I would appreciate you furnishing the requested information. All information will be kept strictly confidential. A prompt reply will be greatly appreciated.

Regards,
SEMCIL Human Resources

Applicant Release of Information:

I authorize SEMCIL to request the following information from the above-named individual and/or company. I hereby release from all liability the company and/or person completing this form and authorize them to release all information regarding my employment.

Applicant Signature Last 4 digits of SSN Date

To be completed by previous or current employer

1. Dates of employment: From _____ To _____
2. Position(s) held: _____

Please rate the applicant on the following attributes:

Evaluation of:	Excellent	Good	Fair	Poor
Quality of work				
Technical skills				
Communication skills – Oral				
Communication skills – Written				
Self-direction				
Ability to get along with others				
Dependability				
Attendance				

Signature of individual completing request: _____

Title: _____ Date: _____



VOLUNTARY AFFIRMATIVE ACTION FORM

Southeastern Minnesota Center for Independent Living (SEMCIL) is a Equal Opportunity Employers. We consider applicants for all positions without regard to race, color, religion, creed, sex, sexual orientation, national origin, ancestry, age, disability, veteran status or any other legally protected status. Applicants are invited to participate in our Affirmative Action Program by completing Section 3. In extending this invitation, you are advised that: 1) you are under no obligation to provide this information, but may do so in the future if you choose; 2) any responses you provide will remain confidential within the Human Resources Department; and 3) responses will be used only for the necessary reporting required by law.

Any information provided on this form is considered confidential information that will not be used in any hiring decision. If you decline to provide the information requested in Section 3, it will have no bearing on your application; will have no impact in our consideration of you for employment; and will not subject you to any adverse treatment. Completion of Section 3 of this form is strictly voluntary. If you choose not to provide status information, please indicate this in each of the boxes in Sections 3 A-B. If you choose to participate by completing Section 3 of this form, we thank you for your cooperation.

Section 1: General Applicant Information

Applicant Name		Date	
Position Applied For			

Section 2: Referral Source – Please check one

<input type="checkbox"/> Online Ad	<input type="checkbox"/> Referred by Current Employee	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Referred by Current Client	<input type="checkbox"/> Other

Section 3: Applicant Affirmative Action Data – Please complete

A. Gender – Check ONE box: Male Female Do not wish to identify

B. Race/National Origin – Check the box below that corresponds to the category that best identifies your race/ethnicity.

Important: If you check the “Two or more races” box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for two or more races.

Race/Ethnic Category	Definition of Category
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
NOT Hispanic or Latino	
<input type="checkbox"/> Caucasian	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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 maintain tribal affiliation or community attachment.
<input type="checkbox"/> Two or more races (NOT Hispanic or Latino)	All persons who identify with more than one of the above five races.
<input type="checkbox"/> Do not wish to identify	All persons not wishing to self-identify race/ethnicity