

INTER-COUNTY COMMUNITY COUNCIL

Employment Application For Current Job Openings



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Are you a prior/current Head Start parent? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Where did you hear about this position?			
Any relation to Board of Directors or staff? YES NO If so, who?			

EDUCATION			
High School		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	GED	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree		
Other		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree		

REFERENCES	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

SUMMARIZE YOUR SPECIAL SKILLS OR QUALLIFICATIONS

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PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Years of Employment	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Years of Employment	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Years of Employment	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature	Date
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Required Information:

Last Name _____ First Name _____ Middle Initial(s) _____
Date _____ Position(s) for which you are applying _____

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to the Minnesota Department of Human Rights. Please help us gather this information by identifying your sex, group status, and disability status on this form.

Providing this information is completely voluntary. Failure to provide any or all of this information will not subject you 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.

1. Group Status

- Caucasian
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino Origin

2. Gender

- Male
- Female

3. Disability Status

I have a disability:

- Yes
- No

4. Referral Source

- Newspaper
- Walk-In
- ICCC Website
- MinnesotaWorks
- Employee Referral: _____
- Other: _____

^{*} 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.