PILLSBURY United Communities

Creating choice, change and connection

APPLICATION FOR EMPLOYMENT

Applicant's Name:
Address: *City:* *State:* *Zip Code:*
Phone Number: ( ) *Date:* / /
Position Applying for:

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.

(PLEASE PRINT IN INK OR TYPE)

Date of Application	**Date Available for Work**
Position Applying for	**Salary Requirements**

GENERAL

How were you referred to us? _____

_____

APPLICABLE VOLUNTEER OR INTERN EXPERIENCE

Type of Experience	Agency or School Name & Address	Date	Contact Person/ Phone Number

Please describe the skills and aptitudes that you feel qualify you for a position (you may wish to include activities and positions held in civic, community and school organizations, professional societies or special training and skills).

_____

_____

_____

_____

Have you ever applied for employment here before? _____ If so when? _____

Are you a United States citizen or if not, are you eligible for employment in the U.S? _____

Have you ever been convicted for any violation of the law other than traffic rules? Yes _____ No _____

If yes, please state the violation(s): _____

The existence of a criminal record does not constitute an automatic exclusion from employment. Pillsbury United Communities will give consideration to the job sought, seriousness and nature of violation, and other circumstances.

MISCELLANEOUS INFORMATION

What computer hardware/software have you used? ____

____

WORK EXPERIENCE

Starting with **Present** or **Most Recent**, list last four (4) places of employment. Include self-employment, summer and part-time jobs and those while attending school and in military service. Employment dates required only for positions held in the past five (5) years. *** If you would like to provide further information, please attach a resume***

Company Name	Position Title and Description of Duties
Street Address	
City and State Zip	
DATES EMPLOYED: Last Salary: From: To:	Full name of Supervisor Phone #
Reasons for leaving. If discharged, or asked to resign, please explain.	

Company Name	Position Title and Description of Duties
Street Address	
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Reasons for leaving. If discharged, or asked to resign, please explain.	

May we contact the employers listed above? ______ Please indicate which ones you do not want us to contact.

EDUCATION / TRAINING

School Name	Address, City & State	Dates Attended Month/Year/Degree	Major/Minor Field of Study	Did You Graduate
High School				
College				
Business/Voc				
Graduate Study				
Special Training				

PERSONAL REFERENCES (these people should be willing to discuss your work experience)

Name and Occupation	Address	Phone Number	Years Acquainted

AUTHORIZATIO

PLEASE READ BEFORE SIGNING

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that any omission or misrepresentation of fact may result in refusal of employment or, if I have been hired, immediate dismissal.

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 and signed by the President. 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 authorize the investigation of all statements I have made in this application and the release of references, grade transcripts and additional information pertinent to 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 or employment records are kept:

Revised 5-1-01

Pillsbury United Communities

_ 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.

_ As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

OPTIONAL APPLICANT DATA RECORD

We are asking you to take a moment to complete this form to help us meet our Affirmative Action plan requirements for the Minneapolis Department of Civil Rights and Minnesota Department of Human Rights.

This form allows us to see if we are affirmative in attracting and hiring individuals of "protected classes".

We understand that this form may label groups in ways you may or may not prefer and we understand that you may not like the request to identify with a single group. It is not our intent through the process or by any wording of the form to offend our applicants. We acknowledge that this may be a less than perfect format, but we support the need to have a way to be accountable and assess our progress in our efforts to be affirmative.

We appreciate you assistance in helping us in our goals to be affirmative in our hiring processes by completing this form.

Thank you!

AFFIRMATIVE ACTION SURVEY
(PLEASE PRINT)

Name: _____ Date: _____

Position(s) applied for: _____

How were you referred to us? _____

Government agencies require periodic reports on the gender, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male _____ Female _____

Check one of the following Race/Ethnic groups:

White _____ African American _____ Latino/Latina _____

American Indian / Alaskan Native _____ Asian/Pacific Islander _____

Check one of the following Age groups:

16-25 _____ 26-39 _____ 40-55 _____ 56 and over _____

Check if the following is applicable:

Person with disabilities _____ Vietnam Era Veteran _____ Veteran w/disabilities _____

• This data will be kept in a confidential file separate from the Application for Employment •