

APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____
Last First Middle
Cell Phone #: _____ Other Phone #: _____
Previous Name: _____
Present Address: _____
E-mail Address: _____

FOR PERSONNEL
USE ONLY

Routed to: _____
Date: _____

Are you legally eligible for employment in the USA? Yes No

State age if under 18. _____

Are you able to accept a position that requires:

a. Driver's license? Yes No

b. Use of your automobile? Yes No

Position(s) applied for: _____

How did you hear about Legacies? _____

Would you work Full time Part time

Were you previously employed by us? Yes No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

WORK EXPERIENCE

Employer: _____

Position: _____

City/ State: _____

Phone: _____

Employed from: _____ to _____

Avg Weekly Hours: _____

Supervisor: _____

Avg Weekly Pay/Hourly Rate _____

Description of Duties: _____

Reason for Leaving: _____

LEGACIES, LLC

II. Employer: _____ Position: _____
 City/ State: _____ Phone: _____
 Employed from: _____ to _____ Avg Weekly Hours: _____
 Supervisor: _____ Ave Weekly Pay/Hrly Rate: _____
 Description of Duties: _____

 Reason for Leaving: _____

III. Employer: _____ Position: _____
 City/ State: _____ Phone: _____
 Employed from: _____ to _____ Avg Weekly Hours: _____
 Supervisor: _____ Avg Weekly Pay/Hourly Rate: _____
 Description of Duties: _____

 Reason for Leaving: _____

RECORD OF EDUCATION

School	Name/Address	Last Year Completed	Did you graduate?	Course of Study
High School		1 2 3 4		
College		1 2 3 4		
Other (specify)		1 2 3 4		

REFERENCES

Please list two employment/ professional references and one personal character reference.

	Name	Occupation	Address	Telephone #
Professional				
Professional				
Personal				

Other relevant experience, skills or qualifications: _____

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact: _____

IMPORTANT, PLEASE READ AND SIGN:

I hereby affirm that all statements are accurate, complete, and true to the best of my knowledge. I understand that if I knowingly give false information, I will not be eligible for employment with this agency. I authorize any person, school, current and past employer, and organizations named in this application to provide this agency with any information connected with this application, and I release such persons and organizations from any legal liability in making such statements. I understand that a background check may include an internet search. In addition, I acknowledge that at any time during employment, a physical, mental, health, chemical dependency, motor vehicle record report, or criminal history evaluation may be required if there is reasonable cause to believe the qualification requirements have not been met, or that the employee cannot provide the required care for the consumer(s). Failure to comply with any of these requirements will result in immediate separation from employment with this agency.

This application will be valid for 30 days from the date of submission, at which time a new application must be completed.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the agency my employment will be "at will", for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of the agency or myself.

Applicant's Signature: _____ **Date:** _____

DIRECT CARE QUALIFICATION STANDARDS

Please review this list of qualifications. **This listing is to be used to identify employee qualification standards for employment in positions that require contact with adults and children receiving services from Legacies, llc.** This is not a complete listing of all qualification standards but rather a listing of those most critical. If an offer of employment is made to you, these qualification standards will be checked through the State Bureau of Criminal Apprehension, local District Court records, Department of Criminal Apprehension, Department of Human Services, County Social Services Agencies and Local Police Departments. Any of these standards, as well as other employment requirements, may be a disqualification for that employment offer.

1. Willingness to disclose your arrest, conviction and criminal history.
2. Conviction of, or awaiting trial for or admission of any of the following crimes:
 - Possession, use sale, manufacture and/or distribution of illegal drugs and simulated illegal drugs (M.S. sections 152.09, 152.096, 152.097)
 - Murder, manslaughter, aiding a person in a suicide or attempted suicide (M.S. sections 609.185 to 609.215)
 - Assault, harm caused by a dog, mistreatment of persons confined, mistreatment of residents or patients, use of drugs to injure or facilitate crime, robbery kidnapping, false imprisonment, depriving another of custodial or parental rights or abduction (M.S. sections 609.221 to 609.265)
 - Coercion, attempt to coerce, interfering with religious observance, bestiality, leaving the state to evade establishment of paternity, prostitution and related offenses or certain criminal sexual conduct (M.S. sections 609.27 to 609.345)
 - Incest, malicious punishment of a child or neglect of a child (M.S. sections 609.365, 609.377, 609.59)
 - Theft, possession of shoplifting gear, bringing stolen goods into the state, or receiving stolen property embezzlement of public funds (M.S. sections 609.52, 609.521, 609.525, 609.53, 609.54, 609.551, 609.821)
 - Arson, burglary, or possession of burglary tools (M.S. sections 609.561 to 609.563, 609.582, 609.59)
 - Forgery or aggravated forgery (M.S. section 609.625 or 609.63)
 - Adulteration, riot or terroristic threats (M.S. sections 609.6872, 609.71, 609.713)
 - Indecent exposure or use of minors in sexual performance (M.S. sections 617.23, 617.246)
3. Subject of an investigation for or admission to abusing or neglecting an adult or child (M.S. section 260.221 paragraph b).
4. Involuntary termination of your parental rights within the last five years (M.S. section 2610.221 paragraph b).
5. Diagnosis of mental illness or mental condition.
6. Abuse of prescription drugs.
7. Use of controlled substances (M.S. Chapter 152).
8. Abuse of alcohol.

Legacies, LLC.

Availability

Name: _____ Today's Date: _____

The following availability is effective from _____ through _____

Please give your weekly availability below, please note times and days that you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Hours requested per week: _____

- Since most of our staff who are students prefer to work extra/earlier hours on non-school days, it will be assumed that students will have open availability on weekdays when there are no classes, per the school's calendar. If you will NOT have open availability on these days, please note this on an availability sheet or request off form and submit it to the scheduling department by the 15th of the prior month.

EMPLOYEE REQUEST FOR TIME OFF

Employee: _____

I request off the following within my first **90 days**:

Type of Request	Nature of the Request	Dates
<input type="checkbox"/> Personal Time Off (unpaid)		

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____