



# APPLICATION FOR EMPLOYMENT

ANEW is an Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by the law.

**Please print and complete all fields. Incomplete information could disqualify you from further consideration.**

Specific Position Desired: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date that you can start (or amount of notice you need to give current employer): \_\_\_\_\_

Desired Hourly Rate/Salary: \_\_\_\_\_ Desired Hours Per Week: \_\_\_\_\_

For caregivers, please check off which locations you would like to be considered for:  a facility  home health

If the position you are applying for does not indicate specific hours (such as Monday-Friday office hours), please circle all availabilities:

- Early AM** (6 am-8 am)  
 **AM** (8 am-12 pm)  
 **Afternoon** (12 pm-3 pm)  
 **Late Afternoon** (3 pm-6 pm)  
 **Evening** (6 pm-10 pm)  
 **Late Evening** (10 pm-12 am)  
 **Weekdays**  
 **Weekends**  
 **Alternate Weekends**

**REFERRAL SOURCE:**  
 Advertisement  
 Walk-In  
 Employment Agency  
 Website: \_\_\_\_\_  
 Current or past employee: Name \_\_\_\_\_  
 Other \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you eligible for employment in the U.S.?  Yes  No (If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been employed by ANEW before?  Yes  No

If yes, when and where: \_\_\_\_\_

Please list any specific skills, experience and/or training that would enhance your ability to perform the position applied for.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have skills in other languages? (Please check all that apply and circle level of ability if applicable)

- Speak Spanish (circle level: fair / fluent)  
 Read Spanish (circle level: fair / fluent)  
 Write Spanish (circle level: fair / fluent)  
 Speak Hmong (circle level: fair / fluent)  
 Read Hmong (circle level: fair / fluent)  
 Write Hmong (circle level: fair / fluent)  
 Speak Russian (circle level: fair / fluent)  
 Read Russian (circle level: fair / fluent)  
 Write Russian (circle level: fair / fluent)  
 Other language (please list ability level for speaking, reading and writing): \_\_\_\_\_

**PERSONAL REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone	Address	Occupation	Years Acquainted

**EDUCATION AND PARAPROFESSIONAL DATA**

	Elementary	High	College/University	Graduate/Professional
School Name				
Circle Years Completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
List any specialized training, active licenses and/or certifications				

For caregiver applicants: Do you have a Current Certified Nurse Aide Certificate: State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Include your last five (5) years of employment history, including periods of unemployment, starting with the most recent. If you necessary, attach another piece of paper to complete the employment history. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip				
Job Title	Supervisor	Hourly / Salary		
Reason for Leaving		Started	Final	

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip				
Job Title	Supervisor	Hourly / Salary		
Reason for Leaving		Started	Final	

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip				
Job Title	Supervisor	Hourly / Salary		
Reason for Leaving		Started	Final	

Have you ever been discharged or asked to resign from a job?  Yes  No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REFERENCE CHECK AUTHORIZATION

Please read the following statements carefully before you initial your name and sign below.

- A.  Yes  No, I have been given a written job description which included the essential functions of the position for which I have applied.  
\_\_\_\_\_ (Please initial here)
- B.  Yes  No, I am able to perform each of the essential job functions listed for this position with or without a reasonable accommodation.  
\_\_\_\_\_ (Please initial here)
- C. I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the Application will be sufficient reason for rejections of my application or for dismissal at any time during my employment, without liability to this Company. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)
- D. I further understand that no representative of the Company has the authority to enter into an agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)
- E. If employed the Company, I agree to abide by all of the work and safety rules on the Company. I understand that this Company is committed to maintaining a drug-free workplace. I am aware that the Company may require a drug test as a part pf the hiring process. Also, if employed, I realize that the Company conducts post-accident, reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)
- F. All offers of employment at the Company are contingent upon clear results of a Criminal Background Check. Background checks will be conducted on all final candidates. A criminal record does not constitute an automatic bar of employment. It will be considered only as it relates to the job for which I am applying. If I falsify any information on the Background Information Disclosure (BID) form I will not be considered for employment, no matter even if all acts, crimes and offenses were dismissed. The information Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. Failure to provide such proof at the time of request may legally force my termination.  
\_\_\_\_\_ (Please initial here)
- G. If position with the Company requires traveling by use of my motorized vehicle, my motor vehicle record may be obtained and reviewed for its information in determining my employment. That I will provide proof of the recommended motor coverage and maintain such coverage during my employment.  
\_\_\_\_\_ (Please initial here)
- H. I have personally read and completed this application myself. I understand that this application will stay on file for one year of consideration. After one year, if I am still interested in a position with this Company, it will be necessary for me to complete a new application.  
\_\_\_\_\_ (Please initial here)

Signature Here: \_\_\_\_\_

Date: \_\_\_\_\_

Print Your Name Here: \_\_\_\_\_

## AFFIRMATIVE ACTION DATA RECORD

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

(Please Print)

Last Name	First Name	Middle Name
Current Job		
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check One Of The Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual
Birthdate		

### FOR AFFIRMATIVE ACTION PROGRAM USE ONLY

Position(s) Applied For Is Open:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position(s) Considered For:	_____	
	_____	
	Date: _____	

Hired .....	_____	YES	_____	NO
Start Date .....	____/____/____			
Position .....	_____			

### EMPLOYMENT ANALYSIS REGISTER

<b>Gender:</b>	
<b>Race:</b>	
<b>Disability:</b>	
<b>Other:</b>	
<b>Referral Source:</b>	
<b>EEO1 Category:</b>	
<b>Disposition:</b>	

**NOTES:**

Completed By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_