

APPLICATION FLOW SURVEY



TO ALL APPLICANTS

The information requested in the following questions will not affect you as an applicant. It will be used to determine if our recruitment efforts are reaching all segments of the community and to meet Federal reporting requirements. The information may be used for affirmative action purposes. We would appreciate your assistance in our efforts to ensure Equal Employment Opportunity. Providing this information is strictly voluntary.

TITLE OF POSITION: _____ DATE _____

CITY AND STATE OF RESIDENCE: _____ COUNTY _____

AGE GROUP: _____ 19-25 _____ 26-39 _____ Over 40

SEX: _____ Male _____ Female

WHAT RACE/ETHNIC GROUP DO YOU CONSIDER YOURSELF?

- _____ White _____ Asian American _____ American Indian
- _____ Black _____ Spanish Surname _____ Other

DO YOU HAVE A DISABILITY

HOW DID YOU LEARN ABOUT THIS JOB:

- _____ No
- _____ Yes
- _____ Yes - Blind
- _____ Yes - Cardiac
- _____ Yes - Deaf
- _____ Yes - Diabetes
- _____ Yes - Epilepsy
- _____ Yes - Paralysis
- _____ Yes - Alcoholism
- _____ Yes - Mental
- _____ Yes - Other _____

- Waseca County News Name _____
- Public Employment Agency Name _____
- Other Local Newspaper Name _____
- College/ Tech. School High Name _____
- School Name _____
- Walk-in
- Other (Please Specify) Jobs Name _____
- Plus Staff Name _____

NOTE: UPON RECEIPT BY JOBS PLUS, INC., THIS FORM WILL BE IMMEDIATELY DETACHED FROM THE REST OF THE JOB APPLICATION AND KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION.

DATA PRACTICES ACT NOTICE TO ALL APPLICANTS

The Minnesota Data Practices Act requires that you be informed of the purposes and intended uses of the information you provide to Jobs Plus, Inc. during the application process or during employment.

Any information about yourself that you provide to Jobs Plus, Inc. during the application process will be used to identify you as an applicant and to assess your qualifications for employment a Jobs Plus, Inc. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by Jobs Plus, Inc. it may mean tat your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be **public** information:

- Veteran's status
- Job history
- Education and training
- Relevant test scores
- Rank on eligibility list
- Work availability

As an applicant, your name is considered **private** until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position with Jobs Plus, Inc. If you are hired, the following additional data about you will be considered **public** information:

- Name
- City and county of residence
- Actual gross salary, salary range, and actual gross pension
- Value and nature of employer paid benefits
- Job title and job description
- Dates of your first and last employment
- Status of any written complaints or charges against you while you work for Jobs Plus, Inc. and whether or not they resulted in disciplinary action
- Work location and work telephone number
- Education and training background
- Honors and awards received
- Time sheets or other comparable data used for payroll purposes
- Previous work experience

All data concerning you which is placed in your personnel file and which is not listed above is private data. This private data will be available to you and to members of Jobs Plus, Inc. needing it to process records. In addition the following persons or organizations are authorized by Sate and Federal Law to receive this data if they so request:

- The Bureau of Census
- Federal, State and County Auditors
- The State Department of Public Welfare
- The Department of Human Rights
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities
- Labor organizations and the Bureau of Mediation Services
- Data may also be made available through court order

I certify that I have read and understand the above "Data Practices Act Notice."

Applicant _____ Date _____

Application for Employment

Please fill out form completely for employment consideration. Print and fax, email, or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Date
Street Address			Social Security Number
City, State, Zip			How long at current address? _____ Years _____ Months
Home Phone		Cell Phone	
Business Phone		Email Address	
Previous Address			How long at previous address? _____ Years _____ Months
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			
How did you learn of our organization?			
Are you legally eligible for employment in the United States?			When will you be able to work?
Are you employed now?		If so, may we inquire of your present employer?	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.			

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.		
Drivers License #	State	Any Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

School	Name and location of school	Course of study	No. of years completed.	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year) From _____ To _____
	Rank at Discharge
	Date of Final Discharge

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone
	Address	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

2.	Company Name	Telephone
	Address	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

3.	Company Name	Telephone
	Address	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

4.	Company Name	Telephone
	Address	Employed (Start Month and Year) From _____ To _____
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do not contact Employer Number(s) _____ Reason _____
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References: Give the names of three persons not related to you, whom you have known at least one year.			
Name	Address	Business	Years Acquainted
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage in investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

Please complete and mail or fax a copy of this form to:

Jobs Plus, Incorporated

200 16th Ave SE

Waseca, MN 56093

Phone: 507-833-5004

Fax: 507-833-8918