



## APPLICATION FOR EMPLOYMENT

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, marital status, sexual preference, or other protected classification.*

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_

Are you over 16 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

Positions applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

When can you start? \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Have you worked here before or at Three Links Care Center?  Yes  No

If yes, under what name? \_\_\_\_\_ What position? \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shifts preferred: \_\_\_\_\_ Part-time: \_\_\_\_\_ Full-time \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No (A criminal background check is required for employment at Millstream Commons. A conviction will not necessarily disqualify an applicant for employment.)

If yes, describe: \_\_\_\_\_

### EDUCATION

	Name And Location of School	Years Completed	Major	Diploma/Degree
High School				
College/University				
Other Education				
Other Training/Educ				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially qualify you for work at Millstream Commons? \_\_\_\_\_

**EMPLOYMENT HISTORY** (list most recent first)

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

From (mo/yr)\_\_\_\_ to (mo/yr)\_\_\_\_  F/T  P/T (no. hrs. per wk.)\_\_\_\_ Job Title \_\_\_\_\_

Work Performed (be specific) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

From (mo/yr)\_\_\_\_ to (mo/yr)\_\_\_\_  Full-time  Part-time (no. hrs. per wk.)\_\_\_\_ Job Title \_\_\_\_\_

Work Performed (be specific) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

From (mo/yr)\_\_\_\_ to (mo/yr)\_\_\_\_  Full-time  Part-time (no. hrs. per wk.)\_\_\_\_ Job Title \_\_\_\_\_

Work Performed (be specific) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**WORK REFERENCES**

Name	Address	Phone Number
1.		
2.		
3.		



210 West 8th Street  
Northfield, MN 55057  
(507) 650-0141

## **APPLICANT'S CERTIFICATE AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Millstream Commons to make an investigation of any of the facts set forth in this application.

I understand that employment at Millstream Commons is "at will," which means that either I or Millstream Commons can terminate the employment relationship at any time with or without prior notice and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of Millstream Commons other than the CEO/Administrator has any authority to alter the foregoing.

I hereby authorize Millstream Commons to contact the employer listed on my application to verify information obtained during my employment with the named facility.

Date: \_\_\_\_\_ Applicant's signature \_\_\_\_\_



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I hereby authorize Millstream Commons to contact the employer listed below to verify information obtained during my employment with the named facility.

Date: \_\_\_\_\_ Applicant's signature \_\_\_\_\_

### REFERENCE REQUEST

To \_\_\_\_\_ (Previous Employer):

We are considering \_\_\_\_\_ for the position of \_\_\_\_\_ in our facility. Your cooperation in completing the information below would be greatly appreciated. Please return in the enclosed envelope at your earliest convenience. The information will be held in strict confidence. Thank you.

When was applicant employed with you? \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Quality of work: \_\_\_\_\_

Dependability: \_\_\_\_\_

Ability to work with others: POOR AVERAGE GOOD VERY GOOD

Eligible for rehire: YES NO

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Facility Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_