

SOMEPLACE SAFE
PO Box 815
Fergus Falls, MN 56537
Phone - 218-739-3486; Fax – 218-739-9305

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-3. DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at present address _____ Telephone (____) _____

Position applied for _____ Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available for work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Driver's license number _____

Expiration date _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____ _____	Address _____ _____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. You may attach a current resume, indicating 'See Resume' below.**

1. Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor _____	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
Your last job title			
Reason for leaving (be specific)			

2. Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor _____	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
Your Last Job Title			
Reason for leaving (be specific)			

3. Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From _____ To _____	Start _____ Final _____
	Your last job title		
Reason for leaving (be specific)			
4. Name of employer _____ Address _____			

4. Name of employer _____ Address _____ _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From _____ To _____	Start _____ Final _____
	Your last job title		
Reason for leaving (be specific)			

May we contact your present employer? Yes No

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Someplace Safe (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Someplace Safe, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director of the Company. Both the undersigned and Someplace Safe may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company will be terminated if the criminal background check indicates that I may not provide direct contact services for the Company and shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant _____ Date _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Someplace Safe.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Name _____

Address _____

City/Stat _____

Phone No. _____

Birth date _____

Married Single

Spouse _____ Occupation _____

Employer _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE