

# Application for Employment



**Cardinal of Minnesota, Ltd.**

3008 Wellner Dr NE  
Rochester, MN 55906

Phone: (507) 281-1077  
Fax: (507) 281-1127

*Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Manager.*

**Please Print**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Last 4 digits of Social Security #</b> <small>(Record-keeping purpose only)</small>	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home/Cell Telephone</b>		<b>Work/Other</b>		<b>Email Address</b>
<b>Position(s) applied for</b>				<b>Date of Application</b>

**Please Indicate how you learned about Cardinal of Minnesota, Ltd.:**

- |  |  |
|--|--|
| <input type="checkbox"/> Walk-in                             | <input type="checkbox"/> School          |
| <input type="checkbox"/> Employee _____                      | <input type="checkbox"/> Job Fair        |
| <input type="checkbox"/> Advertisement _____                 | <input type="checkbox"/> Staffing Agency |
| <input type="checkbox"/> Cardinal of Minnesota, Ltd. website | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Other Internet _____                |  |

If necessary, what is the best time to call you?  
\_\_\_\_\_

May we contact you at work?

Yes  No #: \_\_\_\_\_

Have you previously applied to work here?

Yes  No

If "Yes," please give date(s) and position(s)  
\_\_\_\_\_

Have you ever been employed by Cardinal of Minnesota?

Yes  No

If "Yes," please give date(s): from \_\_\_\_\_ to \_\_\_\_\_

Are you legally eligible for employment in this country?

Yes  No

Are you 18 years of age or older?

Yes  No

If "No," are you able to provide a work permit?

Yes  No

Date available to begin work: \_\_\_\_\_

What is your desired range for salary or hourly wage?  
\_\_\_\_\_ to \_\_\_\_\_

Type of employment desired:

Full-time

Part-time

Seasonal

Temporary

If they have been explained to you, are you able to meet the attendance and training requirements of the position?

Yes  No  N/A

Will you work overtime if the job requires it?

Yes  No

Do you have a valid drivers license?

Yes  No

**Arrests, convictions, and other criminal history does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.**

If you are employed @ Cardinal of Minnesota, a background study is required. Are you willing to disclose your arrest, conviction, and criminal history record?

Yes  No

## Application for Employment

### Employment History

Starting with your most recent employer, please provide the following information.

Employer		Telephone #		Dates employed: To
Street Address	City	State	Zip	Compensation (Starting) \$ _____ per
Starting Job Title	Final Job Title			Compensation (Final) \$ _____ per
Immediate supervisor and title (for most recent position held)				May we contact for reference? <input type="checkbox"/> No <input type="checkbox"/> Yes
Why did you leave?				
Summarize the type of work performed and job responsibilities:				

### ***Employer #2***

Employer		Telephone #		Dates employed: To
Street Address	City	State	Zip	Compensation (Starting) \$ _____ per
Starting Job Title	Final Job Title			Compensation (Final) \$ _____ per
Immediate supervisor and title (for most recent position held)				May we contact for reference? <input type="checkbox"/> No <input type="checkbox"/> Yes
Why did you leave?				
Summarize the type of work performed and job responsibilities:				

### ***Employer #3***

Employer		Telephone #		Dates employed: To
Street Address	City	State	Zip	Compensation (Starting) \$ _____ per
Starting Job Title	Final Job Title			Compensation (Final) \$ _____ per
Immediate supervisor and title (for most recent position held)				May we contact for reference? <input type="checkbox"/> No <input type="checkbox"/> Yes
Why did you leave?				
Summarize the type of work performed and job responsibilities:				

### ***Employer #4***

Employer		Telephone #		Dates employed: To
Street Address	City	State	Zip	Compensation (Starting) \$ _____ per
Starting Job Title	Final Job Title			Compensation (Final) \$ _____ per
Immediate supervisor and title (for most recent position held)				May we contact for reference? <input type="checkbox"/> No <input type="checkbox"/> Yes
Why did you leave?				
Summarize the type of work performed and job responsibilities:				

# Application for Employment

## Employment History (continued)

Please explain any gaps in your employment, other than those due to personal illness, injury, disability, religion or marital status.

If not addressed on a previous page, have you ever been fired or asked to resign from a job?

Yes  No

If "Yes," please explain:

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

## Computer Skills

Check the appropriate boxes, Include software titles and years of experience.

<input type="checkbox"/> Word Processing _____ Years _____ <input type="checkbox"/> Spreadsheet _____ Years _____ <input type="checkbox"/> Presentation _____ Years _____		<input type="checkbox"/> Email _____ Years _____ <input type="checkbox"/> Internet _____ Years _____ <input type="checkbox"/> Other _____ Years _____
---	--	---

## Educational Background

Starting with your most recent school attended, provide the following information

<b>School</b>	<b># Years Completed</b>	<b>Completed</b>
<b>City/State</b>	<b>Major/Course of Study</b>	<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other _____
<b>School</b>	<b># Years Completed</b>	<b>Completed</b>
<b>City/State</b>	<b>Major/Course of Study</b>	<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other _____
<b>School</b>	<b># Years Completed</b>	<b>Completed</b>
<b>City/State</b>	<b>Major/Course of Study</b>	<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other _____
<b>School</b>	<b># Years Completed</b>	<b>Completed</b>
<b>City/State</b>	<b>Major/Course of Study</b>	<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other _____

# Application for Employment

## References

List name and telephone number of three business/work references who are **not** related to you. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

Is there any other job-related information you want us to know about you?

---

---

---

## Applicant Statement

I certify that all information that I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview.

**If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.**

I acknowledge, understand and agree that a criminal background check and driving record check will be obtained and that the results of these checks will determine my eligibility for employment.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

## **Do not sign until you have read the above "Applicant Statement."**

I certify that I have read, fully understand, and accept all terms of the above Applicant Statement.

Signature of Applicant

---

Date

---

**Motor Vehicle Reports – Request for Data**

The goal of the Cardinal of Minnesota Fleet Safety Program is to reduce the frequency and severity of accidents. An activity that supports that goal is screening of driver records. Applicants and employees whose regular job duties involve driving a company vehicle or their personal vehicle on company business on a regular (daily/weekly) basis will have driving records screened upon hire and at a minimum annually thereafter at the companies discretion. Screening is accomplished via reviews of Motor Vehicle Reports (MVRs). A MVR shows if a driver’s license has been suspended or revoked. A MVR also reflects violation and/or accident history.

Why is this important? A history of accidents and traffic violations reflects driving attitudes and habits. Those attitudes and habits are predictors of future accident experience. Employer and employees understand that use of these records is limited to employer’s obligation to comply with the underwriting process relating to securing insurance coverage.

In accordance with the provisions of the Fair Credit Reporting Act, Public Law No. 91-508, Cardinal of Minnesota certifies that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose. It is further certified that the source of the reports will be identified if employment decisions (based on report results) are made. Motor Vehicle Reports will be treated in a confidential manner. In accordance with the Drivers Privacy Protections Act, Public Law 103-322, data obtained will be used for permissible purposes only.

**Please Print**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

Driver’s License Number \_\_\_\_\_.

State Drivers License Issued \_\_\_\_\_.

Date of Birth \_\_\_\_\_

- Applicant
- Current Employee

This form authorizes employer to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Authorized Company Representative

---

For Office Use Only

- Accepted
- Declined

Date of response: \_\_\_\_\_.



Cardinal of Minnesota, Ltd.  
 3008 Wellner Dr NE  
 Rochester, MN 55906  
 Phone: (507) 281-1077  
 Fax: (507) 281-1127

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK**

Minnesota licensing laws require that agencies must search for any criminal convictions or arrests involving all persons being licensed or relicensed for foster care or day care as well all others living in their homes. In order for Cardinal of Minnesota, Ltd. to do so, the following consent form must be completed and signed.

Whereas I am interested in being considered for employment in a sensitive position of trust with vulnerable individuals through Cardinal of Minnesota, Ltd., I hereby give my permission to Cardinal of Minnesota, Ltd. to receive the information below and receive any of my investigative, arrest, conviction, or criminal background history records. I understand this information is private data and will only be shared with staff or the consultants who may need my information to provide services.

I understand that disclosure of a criminal record may not necessarily preclude me from being considered for the position I am interested in. In accordance with the provisions of the Fair Credit Reporting Act, Cardinal of Minnesota, Ltd. certifies that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

*(Please complete the below information)*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Middle (if applicable)

\_\_\_\_\_  
 Last

\_\_\_\_\_  
 Other Names (maiden, birth, aliases)

\_\_\_\_\_  
 Social Security Number

Male or Female  
 (Circle One)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Driver License or State ID Number

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Full Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip