

Paradigm Residential Services, Inc

P.O. Box 63
 Princeton MN 55371
 763-856-7700 Phone
 763-856-7701 Fax

EMPLOYMENT APPLICATION

TODAY'S DATE: _____

APPLICANT INSTRUCTIONS: IF YOU NEED HELP FILLING OUT THIS APPLICATION FORM OR FOR ANY PHASE OF THE EMPLOYMENT PROCESS, PLEASE NOTIFY THE PERSON THAT GAVE YOU THIS FORM AND EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR NEEDS IN A REASONABLE AMOUNT OF TIME.

1. PLEASE READ **APPLICANT NOTE** BELOW.
2. COMPLETE THE PAGES OF APPLICATION.
3. IF MORE SPACE IS NEEDED TO COMPLETE ANY QUESTIONS USE COMMENTS SECTION ON THE NEXT PAGE.
4. PRINT CLEARLY, INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. DO NOT FILL OUT ANY OTHER ATTACHED FORM OR PAGES UNTIL INSTRUCTED.

NAME: _____
 LAST FIRST M.I.

CURRENT ADDRESS: _____
 STREET CITY STATE ZIP

HOME PHONE: _____ **WORK PHONE:** _____

APPLICANT NOTE: THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS IS NOT AN EMPLOYMENT CONTRACT. PLEASE ANSWER ALL APPROPRIATE QUESTIONS COMPLETELY AND ACCURATELY. FALSE OR MISLEADING STATEMENTS DURING THE INTERVIEW AND ON THIS FORM ARE GROUNDS FOR TERMINATING THE APPLICATION PROCESS OR, IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, COLOR, AGE, CREED, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY RESERVE MEMBERSHIP, ANCESTRY, RELIGION, HEIGHT, WEIGHT, USE OF GUIDE OR SUPPORT ANIMAL BECAUSE OF BLINDNESS, DEAFNESS OR PHYSICAL HANDICAP OR THE PRESENCE OF DISABILITIES. A FELONY CONVICTION WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT. ADDITIONAL TESTING OF JOB RELATED SKILLS AND FOR THE PRESENCE OF DRUGS IN YOUR BODY MAY BE REQUIRED PRIOR TO EMPLOYMENT. AFTER AN OFFER OF EMPLOYMENT, AND PRIOR TO REPORTING TO WORK, YOU MAY BE REQUIRED TO SUBMIT A MEDICAL REVIEW, DEPENDING ON COMPANY POLICY AND THE NEEDS OF THE JOB. YOU WILL BE REQUIRED TO COMPLETE A MEDICAL HISTORY FORM AND MAY BE REQUIRED TO BE EXAMINED BY A MEDICAL PROFESSIONAL DESIGNATED BY THE COMPANY.

AVAILABILITY: FOR WHICH POSITION ARE YOU APPLYING? _____
 Please indicate the shifts you would be available to work by circling Yes or No next to the shift described.

PART TIME	SHIFT	AVAILABLE TO WORK?		SHIFT	AVAILABLE TO WORK?	
		YES	or NO		YES	or NO
				SLEEP NIGHTS: 10 PM - 7AM		
				WEEKEND: Every other Friday 3 PM to Sunday 3 PM		
	SUNDAY - THURSDAY 3 PM - 10 PM			OTHER:		
	MONDAY - FRIDAY 7 AM - 3 PM					

Are you between the ages of 18 and 70 years of age? () Yes () No [Please check one]

Wage desired: _____ Number of hours per week desired: _____
 Have you ever worked for Paradigm Residential Services, Inc. before? () Yes () No If yes, when? _____
 Have you ever been a member of the armed services? If so, what branch? () Army () Air Force () Navy () Marines () Guards/Reserves
 Are you presently a Guards or Reserve member? () Yes () No

SECURITY: The following questions are required due to Department of Human Service Rules governing services to Vulnerable Adults. You will not be denied employment solely because of conviction record unless the offense is related to the job for which you have applied.

- ____ YES ____ NO IF THE JOB REQUIRES, DO YOU HAVE THE APPROPRIATE VALID DRIVERS LICENSE? TYPE: _____
 NAME ON LICENSE: _____ STATE OF ISSUE: _____ DL# _____
- ____ YES ____ NO HAVE YOU HAD ANY MOVING VIOLATIONS? PLEASE DESCRIBE: _____
- ____ YES ____ NO HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN GIVEN ABOVE? IF SO, PLEASE LIST IN COMMENTS AT TOP OF NEXT PAGE.
- ____ YES ____ NO HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST FIVE YEARS? IF SO, PLEASE DESCRIBE IN THE BOXES BELOW. (CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY AND APPLICABLE STATE AND FEDERAL LAWS. FACTORS SUCH AS AGE AT TIME OF THE OFFENSE, REMOTENESS OF THE OFFENSE, TIME SINCE LAST CONVICTION, NATURE OF THE JOB SOUGHT AND REHABILITATION EFFORT WILL BE REVIEWED.)

INCIDENT	CITY/STATE	CHARGE
1.		

COMMENTS: PLEASE LIST ANY OTHER SKILLS, LICENSES OR CERTIFICATES THAT MAY BE JOB-RELATED OR THAT YOU FEEL WOULD BE OF VALUE TO THIS JOB OR COMPANY. ASK FOR AN ADDITIONAL PAGE IF NECESSARY.

PREVIOUS EMPLOYERS: PLEASE NOTE YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS EVERY QUESTION IN THIS SECTION IS ANSWERED. SINCE WE WILL MAKE EVERY EFFORT TO CONTACT PREVIOUS EMPLOYERS, THE CORRECT TELEPHONE NUMBER OF PAST EMPLOYERS ARE CRITICAL. ASK FOR A PHONE BOOK OR CALL INFORMATION IF NECESSARY. FOR EMPLOYERS OUTSIDE THE U.S.A. - A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER: COMPANY NAME: _____ CITY: _____ STATE: _____
 PHONE: _____ FAX: _____ SUPERVISOR NAME: _____
 DATES EMPLOYED: FROM: _____ TO: _____ JOB TITLE: _____
 DUTIES: _____ SALARY: \$ _____ PER _____
 REASON FOR LEAVING: _____
 ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? () YES () NO IF YES, MAY WE CONTACT? () YES () NO

COMPANY NAME: _____ CITY: _____ STATE: _____
 PHONE: _____ FAX: _____ SUPERVISOR NAME: _____
 DATES EMPLOYED: FROM: _____ TO: _____ JOB TITLE: _____
 DUTIES: _____ SALARY: \$ _____ PER _____
 REASON FOR LEAVING: _____
 ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? () YES () NO IF YES, MAY WE CONTACT? () YES () NO

COMPANY NAME: _____ CITY: _____ STATE: _____
 PHONE: _____ FAX: _____ SUPERVISOR NAME: _____
 DATES EMPLOYED: FROM: _____ TO: _____ JOB TITLE: _____
 DUTIES: _____ SALARY: \$ _____ PER _____
 REASON FOR LEAVING: _____
 ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? () YES () NO IF YES, MAY WE CONTACT? () YES () NO

REFERENCES: INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

EDUCATION: DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE TO BE NON-JOB RELATED. IF YOUR SCHOOL RECORDS ARE UNDER A DIFFERENT NAME THAN LISTED ON PAGE 1, PLEASE ENTER THAT NAME: _____
 PLEASE CIRCLE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12 13 14 15 16 16+

NAME & LOCATION	SUBJECTS STUDIED	DID YOU GRADUATE?
HIGH SCHOOL		
COLLEGE/VOCATIONAL		

CERTIFICATION AND RELEASE: I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME. I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGES IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE:

DATE:

THANK YOU FOR YOUR INTEREST IN PARADIGM RESIDENTIAL SERVICES, INC.