

Application for Employment
Options, Inc., 16820 197th Ave NW, Big Lake, MN 55309

Options is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state or local law, including race, color, creed, religion, age, sex, sexual harassment, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, affectional or sexual preference, membership or activity in any local commission, or status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding protected characteristics, nor imply any limitation, preference or discrimination based upon protected characteristics.

If you are hired by Options, you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time and for any reason. Similarly, if you are hired, Options will have the right to terminate your employment at any time and for any reason not prohibited by law.

Answer ALL questions completely - PLEASE PRINT
Be sure to complete ALL applicable pages!

Position: _____
Full time ___ Part time ___ Substitute ___ Date of Application: _____

Name: _____
First Middle Last

Complete Address: _____
Include city, state, zip code

Permanent Address: _____
If different than above.

Home phone # _____

Additional phone # where you can be reached: _____

e'mail address _____

If hired, can you furnish proof that you are eligible to work in the United States?
If No,
Yes ___ No ___ explain: _____

Have you applied or worked for Options before? Yes ___ No ___ ? _____
When

Date you can start work: _____ Desired wage/salary: _____

Have you every been convicted of a crime? (minor traffic violation may be omitted)
Yes ___ No ___ If yes, provide the date, location & circumstances and identify the offense(s) and jurisdiction(s): _____

Applicants for employment in certain positions may be required to drive Options' vehicles as an essential function of the position. Our insurance carrier requires that drivers of these vehicles have a "clean driving record". **If you have 3 or more moving violations in the past 5 years, you will not be eligible for insurance coverage.** Will you be eligible for insurance coverage and are you prepared to transport Options' consumers?

Yes ___ No ___

Education	Name and location of school	No. of years	Did you graduate?	Major
High school	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade	_____	_____	_____	_____

Experience - give present or last position first

Employer name: _____ Phone #: _____

Address: _____

Immediate supervisor: _____
Name and title

Position: _____ Part-time ___ Full-time ___ Final pay rate: _____

Describe your duties: _____

Dates of employment: From: _____ To: _____

Reason for leaving: _____

Employer name: _____ Phone #: _____

Address: _____

Immediate supervisor: _____
Name and title

Position: _____ Part-time ___ Full-time ___ Final pay rate: _____

Describe your duties: _____

Dates of employment: From: _____ To: _____

Reason for leaving: _____

Employer name: _____ Phone #: _____

Address: _____

Immediate supervisor: _____
Name and title

Position: _____ Part-time ___ Full-time ___ Final pay rate: _____

Describe your duties: _____

Dates of employment: From: _____ To: _____

Reason for leaving: _____

May we contact the employers listed above? Yes ___ No ___

If no, explain: _____

References: List three persons not related to you, whom you have known at least one year.

	Name	Phone	Complete address	Occupation
1	_____	_____	_____ _____	_____
2	_____	_____	_____ _____	_____
3	_____	_____	_____ _____	_____

Applicants for employment in certain positions are required to submit for post-offer medical examination to determine if they are able to perform the essential functions of the position.

Are you prepared to do so? Yes No

Are you available for work in the evening and on weekends as may be required?

Yes No If no, explain: _____

Do you plan to work for any other employer or engage in self-employment during your period of employment with Options? Yes No If yes, explain: _____

Do you have any commitment or agreement with another employer that may affect your employment with Options? Yes No If yes, explain: _____

Are there any employer policies, requirements or terms or condition of employment which you are unwilling to accept if you are offered employment? Yes No If yes, explain: _____

Release of Information and Waiver

In consideration of my employment in the Program known as Options, Inc., I hereby acknowledge that as part of my employment or my application for employment, the Minnesota Department of Human Services (DHS) will conduct a background study on me and determine whether I am qualified to work in a DHS licensed facility, as provided in state law and rule. I understand that my failure to cooperate is grounds to terminate or deny employment under MN Statute 245A.04 Subd. 3 and MN Rule 9543.3040, Subp.4. I also understand that state law authorizes DHS to receive conviction data, certain juvenile data, arrest information, investigation information, and substantiated reports of abuse or neglect of adults or children and other information. I hereby authorize DHS to release all information received as part of the background study to the program. I further acknowledge that my employment is conditioned on initial and continued qualification as determined by the Commissioner of Human services, and the determination of disqualification is cause for immediate dismissal. I hereby release the Program, its assigns and successors from any and all liability arising from such dismissal resulting from the commissioner's determination.

Date: _____ Signature: _____

I affirm and authorize the following:

1. That all facts stated in this application are true and correct. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed, termination from employment.
2. That Options, Inc. will make a thorough investigation of my educational and work history and may verify all data given in this application, in related papers or in oral interviews. I authorize any educational institution and any previous employer to release to Options, Inc. any information requested by Options, Inc. I understand that falsification of data given in this application, related papers or in interviews, or any derogatory information discovered as a result of this investigation and release of information may prevent my being hired, or if hired may subject me to immediate dismissal.
3. In the event I am given a conditional offer of employment, I authorize my physician, hospital, clinic or any other health care professional to release information to Options, Inc. which may be necessary to determine reasonable accommodations to perform the essential function of the job(s) I am applying for, and to comply with State and Federal law, both prior to employment and in the future should I be employed by Options, Inc. In the event I am given a conditional offer of employment, I consent to take a physical examination by a qualified physician at the discretion of Options, Inc., and authorize that physician release to Options, Inc. the results of that medical examination.
4. That my employment may be terminated by Options, Inc. at any time without liability for wages or salary except such as may have been earned at the date of that termination. That I further understand that if I am employed by Options, Inc., that employment is for no definite period of time and that Options, Inc. can change wages, benefits and conditions of employment at any time. That Options, Inc. retains the right to terminate it's employees at any time for any reason not prohibited by law. Options, Inc. may, at any time, require me to submit to a search of my person or of any work area that may be assigned to me, and I hereby waive all claims for damages on account of that request or that search.
5. That Options, Inc. may at times make overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday a condition of my continued employment.
6. That this is an application for employment and that no employment contract is being offered.
7. That any understanding or agreement between Options, Inc. and I that is different than what is described in this application must be in writing and signed and dated by the appropriate officer of Options, Inc.
8. That I may have to undergo and pass psychotherapist and criminal background checks as conditions of being offered employment. That any offer of employment is expressly conditioned on completing and passing the psychotherapist and criminal background checks and continued employment is conditioned upon completing and passing future criminal background checks.

That I have read understood and agreed to the above affirmations and authorizations.

Dated: _____

Signature: _____