



Residential Services of Northeastern Minnesota, Inc.

Providing Innovative Supports for Persons with Disabilities

APPLICATION FOR EMPLOYMENT

Name: _____

Current Address: _____

Permanent Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Position Desired: _____

Wage Desired: _____ Hours/Week Desired: _____

Date Available to Start: _____

Where did you hear about RSI? – Check all that apply.

- | | | | |
|--------------------------|-----------------------------|---------------|-------|
| <input type="checkbox"/> | Employee Referral | Who? | _____ |
| <input type="checkbox"/> | Newspaper Ad | What Paper? | _____ |
| <input type="checkbox"/> | Posting/Bulletin Board | Where? | _____ |
| <input type="checkbox"/> | Recruitment Booth | Where? | _____ |
| <input type="checkbox"/> | RSI Job Information Session | When? | _____ |
| <input type="checkbox"/> | Radio | What Station? | _____ |
| <input type="checkbox"/> | Internet Posting | What Site? | _____ |
| <input type="checkbox"/> | Job Service | What Service? | _____ |
| <input type="checkbox"/> | Private Employment Agency | What Agency? | _____ |
| <input type="checkbox"/> | Other | Where? | _____ |

The following question is required due to *Department of Human Services* rules governing services to Vulnerable Adults. You will NOT be denied employment solely as a result of a conviction record unless the offence is related to the job for which you have applied.

Have you ever been convicted of a felony or misdemeanor within the past five years?

No Yes Explain: _____

The following question is required due to insurability for automobile insurance. You will NOT be denied employment solely as a result of your driving record unless the specific job for which you have applied requires driving as an essential function.

Do you authorize RSI to check your motor vehicle record for driving offenses?

No Yes Signature: _____

Driver's License Number: _____ State: _____

Eligibility

Are you between the ages of 18 and 70 years of age

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are you currently a student?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If so, are you eligible for work-study off campus?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever applied with RSI before?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever worked for RSI before?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, list dates of employment: From: _____ To: _____

Department/Program: _____

Scheduling

RSI serves clients in residential settings 24 hours per day, 365 days per year. Shifts vary from a few hours to 10 hours in length, starting at all times of the day. Check all the times/days you are available to work. Indicate specific times you are not available and explain.

Weekends	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Weekdays	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Awake Overnights	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Asleep Overnights (paid)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Mornings	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Evenings	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Times/Days not available:	Reasons for conflict:
_____	_____
_____	_____
_____	_____

Education

School	Name and Location	Subjects Studied	Did you graduate?
High School			
College or Vocational			
Other			
Other			

Employment History

Dates	Employer	Wage	Position/Duties	Reason for Leaving
From:	Name/Address			
To:	Supervisor's name and phone			May we contact? Yes ___ / No ___
From:	Name/Address			
To:	Supervisor's name and phone			May we contact? Yes ___ / No ___
From:	Name/Address			
To:	Supervisor's name and phone			May we contact? Yes ___ / No ___
From:	Name/Address			
To:	Supervisor's name and phone			May we contact? Yes ___ / No ___

Other Information

Please note any specialized training or certification that you have which may be relevant to the position for which you have applied.

Please list or describe your hobbies and interests.

References

Name	Telephone	Years Known	Relationship

Work Interests

RSI serves clients with a variety of disabilities in a variety of settings. Please check all areas of service that may be of interest to you.

<input type="checkbox"/> Any of the below	<input type="checkbox"/> Any of the below
<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Adults
<input type="checkbox"/> Severe, Persistent Mental Illness	<input type="checkbox"/> Children
<input type="checkbox"/> Brain Injuries	Notes/Explanation:
<input type="checkbox"/> Fetal/Alcohol Syndrome/Effect	
<input type="checkbox"/> Emotional/Behavioral Disturbances	
<input type="checkbox"/> Physical Disabilities	
<input type="checkbox"/> Foster care or other residential settings	
<input type="checkbox"/> Supporting adults in their own homes or apartments	
<input type="checkbox"/> Respite or In-Home Family Supports for Children	

Assurances

By my signature, I certify that the information contained in this application is true, and correct to the best of my knowledge. I understand that, if employed, intentionally false statements contained herein may, at the discretion of RSI, be grounds for dismissal.

I authorize RSI to check my Motor Vehicle Record for insurance purposes. If hired, I authorize RSI to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment. I also understand that under Minnesota law, a background check is required for the position for which I have applied. Should the background check indicate that I am not eligible to hold this position, I will not be hired, or if hired, my employment will be terminated.

I authorize investigation of all statements contained herein and give permission for RSI to contact the references listed above. I give RSI permission to obtain any and all information concerning previous employment and any information they may have, personal or otherwise. I release all parties from liability for any damage that may occur as a result of furnishing the same. I understand that, if hired, my employment is for no definite period and may, at the discretion of RSI, be terminated at any time.

Signature: _____ Date: _____

Thank you for your interest in RSI.

P.O. Box 3008
 Duluth, MN 55803-3008
 (218) 727-2696
 Fax: 727-2893

An Equal Opportunity Employer