



Realize the potential

APPLICATION FOR EMPLOYMENT

PERSONAL

Date: _____

(Please Print)

Name _____
First Middle Initial Last

Address _____
Street City State Zip

Phone () _____ - _____ Cell () _____ - _____ Between 8am and 4pm

Are you 18 or older? Yes___ No___ Is your citizenship or immigration status such that you can lawfully work in the USA?_____. Employment is dependent upon proof of citizenship, employment authorization or presentation of an alien status registration number.

EDUCATION

High School _____ Did you graduate? _____
Name/location

College/Tech other training _____
Name/location Major/concentration Degree/certification/Specialty

Position applying for: Job Coach ___ Assistant ___ Other: _____
Part Time ___ Full Time ___

WORK EXPERIENCE

List jobs within the last five years. If not applicable, list US military, volunteer work or personal references.
Start with your present or last job.

Company _____ Address _____

Position _____ Phone _____

Date worked From: _____ To: _____

Supervisor _____ Phone _____

Reason for Leaving _____

Company _____ Address _____

Position _____ Phone _____

Date worked From: _____ To: _____

Supervisor _____ Phone _____

Reason for Leaving: _____

Company _____ Address _____

Position _____ Phone _____

Supervisor _____ Phone _____

Date worked From: _____ To: _____

Reason for leaving _____

Related Experience, paid or unpaid:

Personal References:

| Name | Address | Phone |
|-------|---------|-------|
| _____ | | |
| _____ | | |

PLEASE READ THE FOLLOWING:

In completing this application, I understand that it is very important that I be completely truthful. I realize that Udac is relying on my truthfulness. I agree that if it should be discovered that the information I am providing is inaccurate, misleading or incomplete in any respect, I will be disqualified for employment or, if I have already been hired, my employment will be terminated immediately.

I understand and agree that if I should become employed at Udac, I will have the right to terminate my employment at any time, for any reason, or for no reason. I further agree that Udac shall have the same right to terminate my employment. My employment-at-will status cannot be modified unless such modification is set forth in writing in a document signed by the executive director of Udac and me. Employee handbooks, manuals, policies and procedures are not employment contracts and do not modify my status as an at-will employee.

I authorize investigation of all statements contained herein and the references listed. I release all parties from all liability for any damage that may result from the furnishing of information regarding past employment and my ability to perform the duties of the position for which I am applying.

I have read and understand the above statement.

APPLICANT'S SIGNATURE _____ **Date:** _____

How did you hear about Udac? Newspaper: ____
Minnesota Job Bank Web Site: ____
From a Present or Former Udac employee: ____
From another day or residential provider: ____
Other(please specify): _____