



APPLICATION FOR EMPLOYMENT

eQuality challenges individuals with intellectual and developmental disabilities to maximize their potential and actively participate in life's opportunities by delivering community-based, individualized programs.

Name (first, middle, last)

Date:

Position applying for:

Phone:

E-mail:

It is the policy of eQuality-Pathways to Potential to provide equal employment opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law.

Date Available:

Salary/Wage Requirements

List addresses for past 5 years. Include street, city, county, and state. Start with current

How were you referred to us?

Please briefly describe the skills and aptitudes that you feel qualify you for a position. (You may wish to list skills or trainings, activities and experience, etc.

Have you applied for employment with eQuality before? If so, when?

Are you legally eligible to work in the US?

Are you able to carry out the physical requirements of this position? (ability to lift up to 50 pounds, ability to move around a community location during the work day.)

This position may require driving agency vehicles. Do you have a MN Driver's license?

Employment History

Starting with Present or Most Recent, list past four (4) places of employment. Include self-employment, summer and part-time jobs and those while attending school and in military service. Employment date required only for positions held in the past five (5) years.

Company Name:

Address:

Dates Employed:

From:

To:

Last Salary:

Position title and description of duties:

Full name of supervisor:

Phone Number:

Reason for leaving. If discharged or asked to resign, please offer brief explanation.

Company Name:

Address:

Dates Employed:

From:

To:

Last Salary

Position title and description of duties:

Full name of supervisor:

Phone Number:

Reason for leaving. If discharged or asked to resign, please offer brief explanation.

Company Name:

Address:

Dates Employed:

From:

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Reason for leaving. If discharged or asked to resign, please offer brief explanation.

May we contact the employers listed above?

Please list any whom we may NOT contact

Other applicable work, volunteer, or intern experience: (List experience, location, dates, and contact person.)

Education

School Name:	Dates Attended:	Field of Study:	Graduated? Yes No
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School Name	Dates Attended:	Field of Study:	Graduated? Yes No
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School Name:	Dates Attended:	Field of Study:	Graduated? Yes No
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References

Name and Occupation:	Phone Number:	Years known:
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AUTHORIZATION
PLEASE READ BEFORE SIGNING

I certify that all information provided on this application is true and complete. I authorize the verification of this information and release of grade transcripts and additional information pertinent to my employment. I understand that if anything proves to be contrary to what I have stated herein, it may be grounds for my dismissal.

Signature of Applicant

Date

To aid in verification, list any other name(s) under which school or employment records are kept.

**If you would like to provide further information, please attach a resume.