



# Customized Options

N O N P R O F I T

## Personal Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Number and Street City State Zip

Cellphone #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

How were you referred to our company?  Local Ad  Employee  Internet  Other: \_\_\_\_\_

Name of employee, advertiser, other: \_\_\_\_\_

## Job Desired and Availability

Position Sought: \_\_\_\_\_

Full Time  Part Time  On-Call  Open

Date Available: \_\_\_\_\_

I can work the following Hours: \_\_\_\_\_

Days: \_\_\_\_\_

Wage/Salary Requirement: \_\_\_\_\_

Do you currently have a valid US state driver's license, car insurance, and are you willing and able to drive on the job?  Yes  No Comment: \_\_\_\_\_

Are you currently 18 years of age or older?  Yes  No

Have you previously applied with or employed by Customized Options Nonprofit or Creative Options Nonprofit?  Yes  No If Yes, when? \_\_\_\_\_

Do you have any relatives currently employed by Customized Options?

Yes  No If Yes, please list relationship and name \_\_\_\_\_

Are you legally eligible for employment in the USA?  Yes  No (If Yes, verification required)

### US Military Record

Present Military Affiliation: (circle one) None                      Reserve (Active)                      Reserve (Inactive)  
 Branch of Service: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

### Educational History

	School Name:	Major Course or Subject:	Years Completed (circle last year completed)	Graduated		Degree
				Yes	No	
High School			1 2 3 4 +			
Technical/Trade			1 2 3 4 +			
College			1 2 3 4 +			
Other Education/ Training			1 2 3 4 +			

### Special Skills

**To be completed by applicant for direct service staff:**

- Number of years' experience with individuals with developmental disabilities: \_\_\_\_\_
- Please describe experience: \_\_\_\_\_
- List other applicable skills (First Aid, CPR etc.): \_\_\_\_\_
- If limited experience, state why you would like \_\_\_\_\_

**To be completed by applicant for administrative/clerical work**

- Typing words per minute: \_\_\_\_\_
- Computer skills/programs familiar with: \_\_\_\_\_  
\_\_\_\_\_
- Would you also consider working directly with our consumers who are developmentally disabled?  
 Yes  No

**References**

(Please list two employment/professional references and one personal character reference.)

Name and Occupation	Address	Telephone Number

Are you ordered by any court to pay child support? What county, state, case # (s)

\_\_\_\_\_

Are you ordered by any state or municipality to have your wages garnished for any reason? State name and contact person: \_\_\_\_\_

**Previous Employment:** Also include any volunteer experience which relates to the position for which you are applying. You can attach a resume, but please also complete essential information on the application below.

Begin with the most recent position.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Brief Description of Job Duties: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Base Salary Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_



**Previous Employment Cont.**

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Begin with the most recent position.

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Job Title:

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Brief Description of Job Duties:

City, State, Zip:

Supervisor's Name:

Phone Number:

Base Salary Wage:

Reason for Leaving:

Dates worked: From:

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Phone Number:

Base Salary Wage:

Reason for Leaving:

Dates worked: From:

To:

May we contact any employer(s) listed on this application?  Yes  No

If no, which employer(s)/references can we contact? \_\_\_\_\_

### Please Read and Sign Below

Your application will be maintained in our active files for one year from the date of this application. You may submit a new application at any time.

### An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, sexual orientation, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information on this application will not be used for any discriminatory purpose.

### Disqualification of Applicants

An applicant or employee will be disqualified from employment for any of the following reasons:

- Conviction of a crime involving moral turpitude, unless pardoned, or as named disqualified under Rule 11, determined through the background study required in Minnesota Statutes, section 245A.04 (the Human Services Licensing Act) and in Minnesota Rules, parts 9543.3000 to 9543.3090 (Rule 11 – the Applicant Background Study Rule).
- An unacceptable driving record, as determined by company policy.
- Any false statement of material fact on my application, or any other submitted materials for application purposes, including but not limited to transcripts or other credentials or educational achievement.
- Failure to provide a certified transcript or other official credentials of post-secondary, vocational, or other educational achievement as requested and required.
- Failure to complete Orientation as required.
- Unsatisfactory references.

The facts set forth in my application for employment are true and complete and I understand that if employed, any false statements on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the company or myself.

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Signature

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Date

If any of your educational or employment records are under something other than the name above, please provide other names: \_\_\_\_\_