

# MAPLE LEAF SERVICES, INC. APPLICATION FOR EMPLOYMENT

TO APPLICANT: WE APPRECIATE YOUR INTEREST IN EMPLOYMENT AT MAPLE LEAF SERVICES, INC. WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. WE WILL CONSIDER ALL APPLICANTS REGARDLESS OF RACE, CREED, COLOR, SEX, AGE NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY LEGALLY PROTECTED STATUS.

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

STREET ADDRESS \_\_\_\_\_

(STREET)

(CITY)

(STATE)

(ZIP)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ STATE AGE IF UNDER 18 OR OVER 70 \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? YES  NO

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

POSITIONS APPLIED FOR \_\_\_\_\_ PAY EXPECTED \_\_\_\_\_

FULL TIME  PART-TIME  SUBSTITUTE  SHIFT : AM  PM  LATENIGHT

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS POSITION? STAFF EMPLOYEE  NAME: \_\_\_\_\_,

PAPER , WEBSITE , INDEED , OR OTHER  \_\_\_\_\_

DO YOU HAVE A CURRENT VALID DRIVER'S LICENSE?  YES  NO

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS THAT YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR ORGANIZATION?

## RECORD OF EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
ELEMENTARY				YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIGH				YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER (SPECIFY)				YES <input type="checkbox"/> NO <input type="checkbox"/>	

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT (PLEASE FILL OUT ALL INFORMATION ACCURATELY)**

COMPANY NAME _____ SUPERVISOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____ _____	TELEPHONE: _____ EMPLOYED FROM (STATE MONTH AND YEAR) TO _____ REASON FOR LEAVING _____ _____ _____
COMPANY NAME _____ SUPERVISOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____ _____	TELEPHONE: _____ EMPLOYED FROM (STATE MONTH AND YEAR) TO _____ REASON FOR LEAVING _____ _____ _____
COMPANY NAME _____ SUPERVISOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____ _____	TELEPHONE: _____ EMPLOYED FROM (STATE MONTH AND YEAR) TO _____ REASON FOR LEAVING _____ _____ _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES  NO  IF NOT INDICATE THOSE YOU DO NOT WANT US TO CONTACT AND REASON. \_\_\_\_\_

**PERSONAL REFERENCES (not former employers or relatives)**

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

**MILITARY SERVICE RECORD (COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES)**

BRANCH OF SERVICE \_\_\_\_\_ PERIOD OF ACTIVE DUTY FROM \_\_\_\_\_ TO \_\_\_\_\_  
 RANK AT DISCHARGE \_\_\_\_\_ DATE OF FINAL DISCHARGE \_\_\_\_\_  
 DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## OTHER INFORMATION

THE INFORMATION REQUESTED IS NEEDED FOR A LEGALLY PERMISSIBLE REASON, INCLUDING, WITHOUT LIMITATION, NATIONAL SECURITY CONSIDERATION, A LEGITIMATE OCCUPATIONAL QUALIFICATION OR BUSINESS NECESSITY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF AGE WITH RESPECT TO CERTAIN INDIVIDUALS. THE LAWS OF MOST STATES ALSO PROHIBIT SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS OR PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

MARITAL STATUS: SINGLE  MARRIED  (MAIDEN NAME \_\_\_\_\_)

ARE YOU A U.S. CITIZEN? YES  NO

WHAT WAS YOUR PREVIOUS ADDRESS?

HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_ (YEARS)

HOW LONG AT PREVIOUS ADDRESS \_\_\_\_\_ (YEARS)

### APPLICANT'S STATEMENT

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATION OF MAPLE LEAF SERVICES, INC.

I GIVE MAPLE LEAF SERVICES, INC. THE RIGHT TO INVESTIGATE MY REFERENCES AND ANY ADDITIONAL INFORMATION ABOUT ME, IF IT IS JOB RELATED. I HEREBY RELEASE FROM LIABILITY MAPLE LEAF SERVICES, INC. AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSON, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

#### MAPLE LEAF SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

THIS APPLICATION IS CURRENT FOR ONE YEAR. AT THE END OF THAT TIME, IT WOULD BE NECESSARY FOR ME TO FILL OUT A NEW APPLICATION IF I WAS STILL INTERESTED IN EMPLOYEMENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

### FOR PERSONNEL DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_

REFERENCES SENT/CALLED #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ (EMPLOYMENT)

REFERENCES SENT/CALLED #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ (PERSONAL)

DATE: \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAPLE LEAF SERVICES, INC.  
 APPLICANT REFERENCE CHECK**

WE ARE CONSIDEREING \_\_\_\_\_, FOR A \_\_\_\_\_ POSITION WITH OUR ORGANIZATION. WE WOULD APPRECIATE IT IF YOU WOULD COMPLETE THE INFORMATION BELOW AND RETURN IT TO US IN THE ENCLOSED ENVELOPE AT YOUR EARLIEST CONVENIENCE. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE. THANK YOU FOR YOUR COOPERATION.

**INSTRUCTIONS TO APPLICANT: PLEASE SIGN THE FOLLOWING RELEASE AUTHORIZING MAPLE LEAF SERVICES, INC. TO REQUEST THE EMPLOYMENT INFORMATION FROM YOUR FORMER EMPLOYER.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF YOUR RECORDS ARE UNDER A DIFFERENT NAME, PLEASE INDICATED THAT NAME: \_\_\_\_\_ (PLEASE PRINT)

TO BE COMPLETED BY PREVIOUS EMPLOYER

NAME:			
EMPLOYED FROM:		TO:	
WHAT POSITION (S) DID THIS INDIVIDUAL HOLD?			
NATURE OF DUTIES:			
QUALITY OF WORK	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ATTENDANCE/PUNCTUALITY			
COOPERATION			
INITIATIVE			
JOB KNOWLEDGE			
REASON FOR TERMINATION:			
ELIGIBLE FOR REHIRE: YES <input type="checkbox"/> NO <input type="checkbox"/>			
TO THE BEST OF YOUR KNOWLEDGE, HAS THIS PERSON BEEN TERMINATED FROM, OR RESIGNED FROM ANY PLACE OF EMPLOYMENT DUE TO CLIENT ABUSE, NEGLIGENCE OR MISTREATMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ADDITIONAL COMMENTS:			
EMPLOYER NAME:		SIGNATURE:	
TITLE:		DATE:	

PERSONNEL ADMINISTRATION \* P.O. BOX 686 \* PRESTON, MN 55965 \* TELEPHONE (507) 765-2107

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APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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\_\_\_\_\_ (PLEASE PRINT)

TO BE COMPLETED BY PREVIOUS EMPLOYER

TO BE COMPLETED BY PREVIOUS EMPLOYER			
NAME:			
EMPLOYED FROM:		TO:	
WHAT POSITION (S) DID THIS INDIVIDUAL HOLD?			
NATURE OF DUTIES:			
QUALITY OF WORK	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ATTENDANCE/PUNCTUALITY			
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INITIATIVE			
JOB KNOWLEDGE			
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ADDITIONAL COMMENTS:			
EMPLOYER NAME:		SIGNATURE:	
TITLE:		DATE:	

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\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

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\_\_\_\_\_  
(PLEASE PRINT)

NAME:			
EMPLOYED FROM:		TO:	
WHAT POSITION (S) DID THIS INDIVIDUAL HOLD?			
NATURE OF DUTIES:			
QUALITY OF WORK	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ATTENDANCE/PUNCTUALITY			
COOPERATION			
INITIATIVE			
JOB KNOWLEDGE			
REASON FOR TERMINATION:			
ELIGIBLE FOR REHIRE: YES <input type="checkbox"/> NO <input type="checkbox"/>			
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MAPLE LEAF SERVICES, INC.  
P.O. BOX 686  
100 MAIN 2 SE  
PRESTON, MINNESOTA 55965

## INFORMATION SHEET FOR EMPLOYMENT APPLICANTS

Thank you for your interest in our agency and for your application for employment. At this time we would like to inform you of some items of importance.

Once your application for employment has been processed, you may be called for an interview for open positions for which you are qualified. Please bring any pertinent information to the interview such as: Diploma or Certificate of completion from college, past employment record if not on application that would be related to the human service area. After your interview a job offer may be made contingent upon passing certain screenings. These screenings will verify that you qualify for employment and are capable of performing the job.

1. Present required documentation to complete a Federal I-9 Employment Eligibility Form such as driver's license and social security card or passport of certification of citizenship or other qualifying documents. (Please inquire about other qualifying forms of identification.)
2. Fill out a Department of Human Services Applicant Background study and Applicant Authorization Release to obtain information.
3. Complete a Confidential History Evaluation.
4. Our agency may require a physical exam or physician's statement by your physician, in order to assure your physical ability to perform required tasks of the position for which hired.

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Once you have passed the pre-screening, you will be scheduled to train directly with the supervisor and clients of the home where you will be working.

Again, thank you for your interest in working with us.

We are an Equal Opportunity Employer