

**INSTITUTE FOR MINORITY DEVELOPMENT
APPLICATION FOR EMPLOYMENT**

We appreciate your interest in the Institute for Minority Development. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and the needs of the Institute for Minority Development. We are an Equal Opportunity Employer.

NAME _____ DATE _____

ADDRESS _____

PHONE HOME _____ WORK _____ SS# _____

POSITION FOR WHICH APPLICATION IS BEING MADE AND HOURS AVAILABLE TO WORK

POSITION(S) APPLIED FOR _____

LOCATION PREFERENCE(S) _____

SPECIFIC SOURCE OF REFERRAL _____

DATE AVAILABLE FOR EMPLOYMENT _____

CLASSIFICATION: _____ PART TIME _____ FULL TIME _____ ON CALL

DAYS AVAILABLE: _____ MON _____ TUES _____ WED _____ THUR _____ FRI _____ SAT _____ SUN

TIME: _____ EVENINGS _____ WEEKENDS _____ HOLIDAYS

PERSONAL INFORMATION

DO YOU HOLD A CURRENT DRIVER'S LICENSE? () YES () NO DO YOU HAVE A CAR? () YES () NO
DRIVERS LICENSE# _____ STATE _____

HAVE YOU HAD ANY TRAFFIC VIOLATIONS (EXCLUDING PARKING) WITHIN THE PAST 3 YEARS?
() YES () NO: IF YES, EXPLAIN _____

DO YOU HAVE AUTOMOBILE LIABILITY INSURANCE, AS REQUIRED BY STATE LAW? () YES () NO
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? () YES () NO (PROOF WILL BE REQUIRED UPON
OFFER OF EMPLOYMENT).

HAVE YOU EVER BEEN CONVICTED OF A FELONY? () YES () NO IF YES, EXPLAIN, BRIEFLY

LIST ANY SPECIAL SKILLS, HOBBIES OR INTERESTS YOU HAVE THAT YOU THINK WOULD BE BENEFICIAL TO THE INSTITUTE FOR MINORITY DEVELOPMENT AND/OR THE POSITION:

EDUCATION

NAME OF SCHOOL	LOCATION	DATE	DID YOU GRADUATE?	DEGREE OR AREA OF STUDY
HIGH SCHOOL				
COLLEGE				
TRADE OR TECHNICAL COLLEGE				
OTHER				

ARE YOU CURRENTLY CERTIFIED IN ANY MEDICAL RELATED FIELD? () YES () NO IF YES, WHICH ONE? () CPR
 () LPN () RN () NURSING ASSISTANT () HOME HEALTH AIDE () FIRST AID () _____ OTHER

EMPLOYMENT HISTORY

LIST BELOW PRESENT AND PAST EMPLOYERS, BEGINNING WITH THE MOST RECENT EMPLOYER

EMPLOYER: _____ **FROM:** _____ **TO:** _____

ADDRESS: _____

JOB TITLE: _____ **RATE/SALARY:** _____ **START:** _____ **FINAL:** _____

SUPERVISOR: _____ **TITLE:** _____ **PHONE #** _____

YOUR JOB RESPONSIBILITIES: _____

EMPLOYER: _____ **FROM:** _____ **TO:** _____

ADDRESS: _____

JOB TITLE: _____ **RATE/SALARY:** _____ **START:** _____ **FINAL:** _____

SUPERVISOR: _____ **TITLE:** _____ **PHONE #** _____

YOUR JOB RESPONSIBILITIES: _____

EMPLOYER: _____ **FROM:** _____ **TO:** _____

ADDRESS: _____

JOB TITLE: _____ **RATE/SALARY:** _____ **START:** _____ **FINAL:** _____

SUPERVISOR: _____ **TITLE:** _____ **PHONE #** _____

YOUR JOB RESPONSIBILITIES: _____

MAY WE CONTACT YOUR PRESENT AND PREVIOUS EMPLOYERS? () YES () NO

IF NO, PLEASE STATE WHY _____

HAVE YOU EVER BEEN EMPLOYED BY THE INSTITUTE FOR MINORITY DEVELOPMENT?

() YES () NO

IF YES, GIVE POSITION(S) DATES _____

HAVE YOU EVER BEEN DISCIPLINED OR ASKED TO LEAVE A POSITION?

() YES () NO

IF YES, BRIEFLY EXPLAIN _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES WHO WE CAN CONTACT THAT WOULD BE WILLING TO COMMENT ON YOUR WORK ABILITIES.

NAME: _____ PHONE #: _____

ADDRESS: _____

RELATIONSHIP: _____ HOW LONG: _____

NAME: _____ PHONE #: _____

ADDRESS: _____

RELATIONSHIP: _____ HOW LONG: _____

NAME: _____ PHONE #: _____

ADDRESS: _____

RELATIONSHIP: _____ HOW LONG: _____

I authorize the Institute for Minority Development to contact my present and previous employers to investigate any statements contained in this application

I understand that my driving record and insurance verification will be checked. I further understand, if hired, I will receive the training required for the position and will be asked for Mantoux and medical exam.

I understand that upon hire and for continual employment with the Institute for Minority Development I will be subject to the conditions of employment required by state law and regulatory agencies and the Institute for Minority Development policies and procedures.

I also understand that any misrepresentation of omission or material fact on this application form, or in the course of the application process, may prevent me from being hired, or is cause for immediate termination of employment.

SIGNATURE OF APPLICANT

DATE