

EDUCATION

Educational Institution	Name & City/ State of Institution	Subject (Major/ Minor)	# of Years Completed	Did You Graduate? (Y/ N)	Specify Diploma/ Degree Type
High School					
College					
College					
Other Training Institution					

PROFESSIONAL LICENSES/ CERTIFICATIONS

License/ Certificate Name	Issuing Agency	Date Acquired	Expiration Date	License/ Certification #

SPECIALIZED TRAINING, SKILLS, HONORS, CERTIFICATIONS

Current Red Cross First Aid? Yes No Date Certified & Expiration: _____

Current Red Cross CPR? Yes No Date Certified & Expiration: _____

Please summarize any special or additional job-related skills and/or qualifications. List any other applicable certifications, seminars, training, or honors received: _____

Please list relevant computer programs/ software packages in which you are proficient: _____

EMPLOYMENT HISTORY

Please list your previous 15 years of work experience starting with the most recent. If you need additional space, please attach a separate page. WACOSA verifies a minimum of 7 years worth of employment history.

Company: _____ Supervisor Name/ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Job Title(s): _____

Job Duties: _____

Employed From: _____ To: _____ Full-Time Part-Time Temporary
Month/ Year Month/ Year

Ending Wage: \$ _____ Per: _____ Reason For Leaving: _____

May We Contact This Employer? Yes No If NO, Why? _____

Company: _____ Supervisor Name/ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Job Title(s): _____

Job Duties: _____

Employed From: _____ To: _____ Full-Time Part-Time Temporary
Month/ Year Month/ Year

Ending Wage: \$ _____ Per: _____ Reason For Leaving: _____

May We Contact This Employer? Yes No If NO, Why? _____

Company: _____ Supervisor Name/ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Job Title(s): _____

Job Duties: _____

Employed From: _____ To: _____ Full-Time Part-Time Temporary
Month/ Year Month/ Year

Ending Wage: \$ _____ Per: _____ Reason For Leaving: _____

May We Contact This Employer? Yes No If NO, Why? _____

PROFESSIONAL REFERENCES

Please list 3 professional references (e.g. supervisor, direct report, co-worker). Do not list personal references (e.g. family or friends).

Name	Relationship/ Affiliation	Daytime Phone	Cell Phone	Email Address	Years Known

CANDIDATE CERTIFICATION & AUTHORIZATION

I understand and agree that any misrepresentation or deliberate omission of fact in my application may be considered cause for rejection of, or if employed, termination from employment.

It is my understanding that WACOSA may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, and interviews. I authorize such investigation and the giving/ receiving of information requested by WACOSA and I release from liability any person giving or receiving any such information. I understand that falsification of data given or discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to dismissal.

I further understand this is part of an application for employment and that no offer of employment is being made at this time. WACOSA makes no promise of employment by accepting this application. This is not a contract of employment. If I am not selected for the interview process, I understand that my application will remain on file for this position for at least (2) two years.

WACOSA reserves the right to change, interpret, withdraw, or add to policies, benefits, or terms and conditions of employment at their sole discretion with or without prior notice, consideration, or approval by any prospective or existing staff.

In consideration of any employment offer, I agree to conform to the rules and regulations of WACOSA. I also understand that my employment is "AT WILL" and that both my employment and my benefits compensation can be terminated, with or without cause, at any time, at the option of WACOSA or me personally.

I also understand that any offer of employment is contingent on acceptable outcomes of any screenings and inquiries WACOSA may require of its staff; in particular DHS Background, Criminal Background, Credit, Pre-Employment Drug, DOT Physical, Motor Vehicle Record, Employment History, and Education/Credential verifications for positions requiring such clearances.

I understand that, if hired, I will be required to provide proof of identity and eligibility to work in the United States for the Form I-9 and E-Verify process within (3) three days of hire.

Candidate Signature

Date

Voluntary Self-Identification Form

WACOSA is committed to Equal Employment Opportunity (EEO) and Affirmative Action (AA). The Federal Government requires yearly submission of an EEO-1 report that displays company diversity. In order to comply with federal and state laws, we ask you to complete the following information and return it with your application. This information is voluntary and will be used for statistical reporting purposes only. It is filed separately from your application and is not related to any screening, interviewing, or hiring decisions.

Candidate Name: _____

Application Date: _____

Specific Position Applied For: _____

Gender: Male Female I Do Not Wish to Identify

Ethnicity: *(check one)*

Hispanic or Latino

Not Hispanic or Latino

I Do Not Wish to Identify

Race: *(check one if you selected you are NOT of Hispanic or Latino ethnicity)*

American Indian or Alaskan Native

White

Asian

Two or More Races

Black or African American

I Do Not Wish to Identify

Native Hawaiian or Other Pacific Islander

How You Heard About This Position: *(check one)*

Referral _____ (list name) Online Advertisement (specify below in "Other")

Unemployment Agency/ MinnesotaWorks.net WACOSA Website

Advertisement at School/ Work (specify in "Other") Walk-In

Newspaper Advertisement (specify in "Other") Other _____ (specify)

Contacted by WACOSA Hiring Manager/ HR

WACOSA is an EO/M/W/Disability/AA Employer

All candidates are considered without regard to race, color, creed, religion, national origin, gender, genetics, disability, age, marital status, sexual orientation or preference, citizenship, status with regard to public assistance, veteran status, familial status, or membership or participation on a local rights commission.

www.WACOSA.org

Driving Requirements

WACOSA places a strong emphasis on community integration for our clients/ consumers. Not only do we have daily commitments to provide contracted vocational services, but also transportation services. For these reasons driving is considered an essential job function for many direct care and support positions as well as maintenance and material handling/ production positions. Failure to maintain an acceptable driving record may affect status of employment.

Determination of acceptable driving records is based upon annual reviews of individuals' Motor Vehicle Records (MVRs) by WACOSA's auto insurance carrier and WACOSA's HR/Transportation department. A WACOSA Driving Eligibility Committee composed of the Program/QA Director, Human Resources Director, and Transportation Coordinator shall review driving incidents in order to determine driving eligibility should issues arise in the interim.

An individual may be qualified to transport and/ or drive a WACOSA vehicle if she/ he:

- Can certify that she/ he has and can maintain a valid Minnesota Driver's License (or will obtain one within 30 days if not a MN resident);
- That she/ he is not subject to any disqualification, suspension, revocation, or cancellations;
- Is at least 20 years of age;
- Can pass a driving policy/ skills and road test with the Transportation Coordinator;
- Can secure and maintain a DOT Health Card (where applicable);
- Has and can maintain an acceptable driving history (see below for unacceptable guidelines).

A driving history may be unacceptable if (1) one or more of the following exists during the most recent (3) three-year period:

- DWI/ DUI;
- Reckless Driving;
- Suspended License;
- Serious Speed Violation;
- Drug Offense;
- Hit and Run/ Leaving the scene of an accident;
- (2) Two or more at-fault accidents;
- (3) Three or more moving violations;
- Less than (3) three years of driving experience.

It is the responsibility of the individual to notify WACOSA if she/ he feels there is any reason why they may not be eligible to safely transport or operate a vehicle for WACOSA.

WACOSA and its insurance carrier reserve the right to qualify or disqualify any individual from transporting or operating a WACOSA vehicle.

Refer to the DOT Health Card & MVR Policy/ Exam Release for additional information.

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