



THE OAKS

APPLICATION for EMPLOYMENT

The Oaks Fellowship is an equal opportunity employer, does not unlawfully discriminate and seeks to hire employees regardless of race, color, national or ethnic origin, gender, disability, age, status with regard to public assistance, or other applicable protected class status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write clearly. An illegible application may preclude you from consideration.

APPLYING FOR: _____

DEPT: _____

Personal Information

Full Name: _____
First Name Middle Name Last Name

Address: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Personal History

Are you a U.S. citizen or otherwise authorized to work in the United States on an unrestricted basis? Yes No

If applicable, please list your visa type, visa # and expiration date: _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a crime, including sex-related or child abuse related offenses? Yes No

If you answered yes, please explain:

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer: _____ Phone: _____

Employer's Address: _____

Supervisor: _____ May we contact? Yes No
Name Title

Job Title: _____ Ending Salary: _____

Dates of Employment: *from* _____ *to* _____

Duties: _____

Reason for Leaving: _____

Prior Employer

Employer: _____ Phone: _____

Employer's Address: _____

Supervisor: _____ May we contact? Yes No
Name Title

Job Title: _____ Ending Salary: _____

Dates of Employment: *from* _____ *to* _____

Duties: _____

Reason for Leaving: _____

Prior Employer

Employer: _____ Phone: _____

Employer's Address: _____

Supervisor: _____ May we contact? Yes No
Name Title

Job Title: _____ Ending Salary: _____

Dates of Employment: *from* _____ *to* _____

Duties: _____

Reason for Leaving: _____

EDUCATION

High School

School: _____

Address: _____

Did you graduate? Yes No

If not, did you receive your GED? Yes No

Special Honors/Awards: _____

Technical/Vocational School

School: _____

Address: _____

Did you graduate? Yes No

Degree/Certification: _____

Specialty: _____

Special Honors/Awards: _____

College/University (*undergraduate*)

School: _____

Address: _____

Did you graduate? Yes No

Degree: _____

Major: _____

Special Honors/Awards: _____

University (*post graduate*)

School: _____

Address: _____

Did you graduate? Yes No

Degree: _____

Concentration: _____

Special Honors/Awards: _____

REFERENCES

Professional References

Name: _____

Phone: _____

Name: _____

Phone: _____

Personal References

Name: _____

Phone: _____

Name: _____

Phone: _____

SKILLS

List professional, trade, business or civic activities and offices held:

(you may exclude memberships which would reveal gender, race, national origin, age, ancestry, disability, or other protected status)

Computer *(certifications/training)*: _____

Languages Spoken *(other than English)*: _____

Equipment Operated: _____

Certifications *(maintenance, licenses, Human Resources)*: _____

Other: _____

POSITION INFORMATION

How did you hear about this position: _____

What hours are you willing to work: _____

Would you be able to work weekends? Yes No

Are you willing to travel? Yes No

Available start date: _____

Desired salary/amount per hr: _____

Have you ever completed an Oaks Fellowship application? Yes No If yes, give date: _____

Have you ever been employed by Oaks Fellowship? Yes No If yes, give date: _____

AGREEMENT

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore, I understand that if I am hired, employment with this company is "at will" which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____

Date: _____

RELEASE AUTHORIZATION

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota and California applications only. If you want a copy of the report(s) ordered, check this box. The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contact by Choice Point, Inc. or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Note: Please print your answers using a blue or black ink and write neatly.

Full Name: _____

Any other names you have used: _____

Home Address: _____

Social Security Number: _____ Date of Birth: _____

The following states require gender and race to obtain information: AL, AR, FL, GA, IA, IN, LA, OR, TX, WI

_____ *Male* _____ *Female*

_____ *Asian* _____ *Black* _____ *Hispanic* _____ *White* _____ *Other*

Drivers License Number: _____ Issuing State: _____

Name as it appears on the license: _____

Signature: _____ Date: _____