

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer: _____ Phone: _____

Employer Address: _____

Supervisor : _____ May we contact? Yes No
Name Title

Job Title: _____ Ending Salary: _____

Dates of Employment: From _____ to _____

Duties: _____

Reasons for leaving: _____

Prior Employer

Employer: _____ Phone: _____

Employer Address: _____

Supervisor : _____ May we contact? Yes No
Name Title

Job Title: _____ Ending Salary: _____

Dates of Employment: From _____ to _____

Duties: _____

Reasons for leaving: _____

Prior Employer

Employer: _____ Phone: _____

Employer Address: _____

Supervisor : _____ May we contact? Yes No
Name Title

Job Title: _____ Ending Salary: _____

Dates of Employment: From _____ to _____

Duties: _____

Reasons for leaving: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes No

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University (Undergraduate)

Name and Address

Did you graduate? Yes No

Degree: _____ Field: _____

Special honors or awards: _____

College or University (Post Graduate)

Name and Address

Did you graduate? Yes No

Degree: _____ Field: _____

Special honors or awards: _____

REFERENCES

Please provide two professional and two personal references:

1. _____
Name Telephone Number
2. _____
Name Telephone Number
3. _____
Name Telephone Number
4. _____
Name Telephone Number

SKILLS

Please provide the following information:

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

(You may exclude membership, 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: (i.e. maintenance, license, Human Resources)

Other:

POSITION INFORMATION

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? **Yes** **No**

Are you willing to travel? **Yes** **No**

When would you be able to start? _____

Desired salary: _____ per _____

Have you ever completed an Oaks Fellowship application before? **Yes** **No**

 If yes, give date _____

Have you ever been employed by us? **Yes** **No**

 If yes, give date _____

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

Applicant Complete the Following

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 applicants 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 contacted 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: _____

City, State, Zip Code: _____

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: _____