

APPLICATION FOR EMPLOYMENT

NEW CHALLENGES, INC. - 4670 SLATER ROAD - EAGAN, MN 55122

New Challenges, Inc. is an equal opportunity employer which selects the best matched individuals for each position based on job related qualifications regardless of the applicant's race, color, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or other protected groups under local, state or federal equal opportunity laws.

DATE: _____

NAME: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

DATE AVAILABLE: _____

PHONE NUMBER: _____

SALARY RANGE: _____

AVAILABILITY:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	_____ Full Time
AM	_____	_____	_____	_____	_____	_____	_____	_____ Part Time
PM	_____	_____	_____	_____	_____	_____	_____	_____ Live-In
								_____ Overnight

Do you know someone who is or has been employed by NCI? If Yes, give name(s):	YES	NO
Are you presently employed?	YES	NO
May we contact your present employer?	YES	NO
Are you at least 18 years old?	YES	NO
Do you hold a valid Minnesota Driver's License? Driver's License Number: _____	YES	NO
Do you have a vehicle to use for work purposes? Do you have current vehicle insurance?	YES YES	NO NO
Have you had any moving violations in the past 3 years?	YES	NO
In the past two years, have you had at least 24 hours of documented training in the field of development disabilities and/or traumatic brain injuries? If Yes, where: _____	YES	NO
Please describe any specialized training, skills, licenses or certificates you have which may aid you in the position you are applying for: _____ _____ _____	YES	NO

How did you hear about New Challenges? _____

EDUCATION: NAME LOCATION GRADUATION DATE DEGREE/AREA

High School: _____

Trade School: _____

College: _____

EMPLOYMENT HISTORY: Begin with current or most recent employment.

Employer: _____	
Address: _____	
Phone: _____	Supervisor: _____
Job Title: _____	Work Performed: _____
Dates Employed: _____	Reason for Leaving: _____
Beginning Wage: _____	Ending Wage: _____

Employer: _____	
Address: _____	
Phone: _____	Supervisor: _____
Job Title: _____	Work Performed: _____
Dates Employed: _____	Reason for Leaving: _____
Beginning Wage: _____	Ending Wage: _____

Employer: _____	
Address: _____	
Phone: _____	Supervisor: _____
Job Title: _____	Work Performed: _____
Dates Employed: _____	Reason for Leaving: _____
Beginning Wage: _____	Ending Wage: _____

If additional space is required, please continue on a separate sheet.

REFERENCES (professional references only):

Name/relationship: _____	Phone: _____
Name/relationship: _____	Phone: _____
Name/relationship: _____	Phone: _____

APPLICANT'S STATEMENT:

I understand that New Challenges, Inc. may make a thorough investigation of my entire work history and may verify all information given in my application for employment, related papers, or oral interviews. I authorize New Challenges, Inc. to request this information and I release from liability any person giving or receiving such information. I understand that falsification of data given, or other derogatory information discovered as a result of this investigation may prevent me from being hired or may subject me to immediate dismissal.

It is my understanding that this application form does not constitute an employment contract. I also understand that my employment is not for a specified or definite period of time and that I may be discharged, or I may resign, at any time, for any reason, with or without good cause and with or without agreement signed by me and a corporate officer of New Challenges, Inc.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY. DO NOT COMPLETE.

Date BCA submitted _____ Clearance date _____ Date MVR submitted _____ Clearance date _____

NOTES: