



802 East Fairview Avenue
Olivia, MN 56277
(320) 523-5666

EMPLOYMENT APPLICATION

Application information

Full name: _____
First M.I. Last

Address: _____
Street address Apt/Unit #

City _____ State _____ Zip Code _____

Phone: _____

Email: _____

Preferred Method of Contact: Phone Email

Date Available: _____ Desired salary: _____ \$

Position applied for: _____

Preferred Work Schedule: Full-Time Part-Time Flexible/On-Call

Are you at least 18 years of age? Yes No

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment? (e.g., H-1B visa) Yes No

Have you been employed by ACTS, INC. previously? Yes No If yes, when? _____

Licenses and Certifications

Do you currently hold a valid driver's license? Yes No

State of issue: _____ Expiration: _____

License Number: _____

Do you currently hold a valid First Aid certification? Yes No

Issued By: _____ Expiration: _____

Do you currently hold a valid CPR certification? Yes No

Issued By: _____ Expiration: _____

Are you willing to obtain and maintain First Aid and CPR certifications if required? Yes No

Do you have experience in caregiving, social services, or developmental support? Yes No

If yes, please briefly describe:

Education

High school: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job title: _____

From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference?

Yes

No

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job title: _____

From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference?

Yes

No

Termination of Employment*

Have you ever been terminated or asked to resign from a previous position?

Yes No

If yes, please provide details:

** Note: A previous termination or request to resign will not automatically disqualify you from consideration for employment. We evaluate all applicants on their qualifications, experience, and fit for the role.*

References

Please list three professional references.

Reference Name:	_____	Relationship:	_____
Company/Title:	_____	Phone:	_____
City/State:	_____	Email:	_____

Reference Name:	_____	Relationship:	_____
Company/Title:	_____	Phone:	_____
City/State:	_____	Email:	_____

Reference Name:	_____	Relationship:	_____
Company/Title:	_____	Phone:	_____
City/State:	_____	Email:	_____

Military Service

Branch:	_____	From:	_____	To:	_____
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Rank at discharge:	_____	Type of discharge:	_____
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If other than honorable, explain: _____

Background Information*

Have you ever been convicted of a felony?

Yes No

If yes, please provide details:

* **Note:** A conviction will not necessarily disqualify you from employment.

Non-Discrimination Statement

ACTS of Olivia is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, or veteran status. All employment decisions are based on qualifications, merit, and business needs.

Applicant Statement and Authorization

I certify the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in disqualification or termination of employment.

By signing below, I authorize ACTS of Olivia to contact the references listed, as well as to conduct a background check if necessary for the position.

Signature: _____

Date: _____