



Jones-Harrison
Established 1888

3700 Cedar Lake Avenue • Minneapolis, MN 55416
612-920-2030 • www.jones-harrison.org

EMPLOYMENT APPLICATION

Jones-Harrison does not discriminate in hiring or employment on any basis protected by law. Please tell us if you require any special arrangements during the interview process.

This application should not be construed as a contract of employment between the employer and the applicant or as a promise of employment. All employment is at will.

PLEASE PRINT

GENERAL INFORMATION

Last Name		First Name		Middle Name	Social Security Number	Date of Application
Current Address				City	State	Zip Code
Home telephone		Cell phone		How were you referred to us?		
Position applied for		Are you seeking: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> On-call		Shift desired: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Any		
Are you able to rotate shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary/wage expected			Date available	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally able to work for any employer in the United States under the immigration laws of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have any friends or relatives employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names:		
If yes, when and in what position: Date _____ Position _____ Date _____ Position _____				_____		

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor involving theft? Yes No

Have you ever been convicted of a misdemeanor involving abuse, neglect or mistreatment of an individual? Yes No

If you answered yes to any of the questions above list the convictions below:

Offense(s) _____ Date _____ Place _____ Disposition _____

Offense(s) _____ Date _____ Place _____ Disposition _____

Jones-Harrison will not deny employment to any applicant solely because the applicant has been convicted of a crime. Jones-Harrison will however, consider the nature, date, and circumstances of the offense as well as whether it is job related.

EDUCATION

School Name	City/State	Major Courses	Circle Last Year Completed				Type of Degree
			1	2	3	4	
High School							
College/University							
Post Graduate							
Technical/Business							

TO BE COMPLETED BY REGISTERED, LICENSED or CERTIFIED APPLICANTS

State	Current No.	Expiration Date	OFFICE USE ONLY VERIFICATION
Is your registration, license or certification subject to any restriction, or currently under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Your answer will not necessarily be a bar to employment.)</i>			
If yes, please provide: Date _____ Name of relevant regulatory body _____			

OVER

EMPLOYMENT RECORD

List in order with the most current employment first. Include all work history for the past 10 years. Include all military history. Please provide this information even if you have included a résumé with your application. *If you need additional space, use separate sheet.*

FROM		TO		Employer	Telephone Number		
MO	YR	MO	YR				
				Job Title	Supervisor Name		
SALARY OR WAGE				Address	City	State	Zip Code
Reason for leaving							
Describe your duties							

FROM		TO		Employer	Telephone Number		
MO	YR	MO	YR				
				Job Title	Supervisor Name		
SALARY OR WAGE				Address	City	State	Zip Code
Reason for leaving							
Describe your duties							

FROM		TO		Employer	Telephone Number		
MO	YR	MO	YR				
				Job Title	Supervisor Name		
SALARY OR WAGE				Address	City	State	Zip Code
Reason for leaving							
Describe your duties							

REFERENCES – to be completed by all applicants
 Work or education related *(Please do not list friends or relatives.)*

Name	Address	Daytime Phone	Occupation
1.		()	
2.		Daytime Phone ()	
3.		Daytime Phone ()	

PLEASE READ BEFORE SIGNING

I certify that the answers given in this application and in the employment interview(s) are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and further authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I hereby release all employers, government agencies, schools, and personal references from any liability for providing information concerning me. If the results of this investigation do not meet the standards for employment required by law, licensure, regulations, or policies of Jones-Harrison, state, or federal authorities, I understand that an offer of employment may not be extended, may be revoked, or that my employment may be terminated.

In the event of employment, I understand that false or misleading information given on my application or in any aspect of the employment process may result in discharge. I understand also that the Immigration Reform Control Act of 1986 requires that employers hire only U.S. citizens and aliens authorized to work in the United States and that all persons hired will be required to submit documents for verification to establish identity and employment authorization. In consideration of my employment, I agree to conform to the rules and regulations of Jones-Harrison and understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either Jones-Harrison or myself. I further understand that neither this application nor any other Jones-Harrison communication I may receive constitutes an employment contract.

I understand that Jones-Harrison reserves the right to provide other future employers with reference information concerning my performance during employment and the reason for ending my employment. I hereby consent to the release of such information.

If employed, I agree to inform Jones-Harrison if I obtain any other employment while working for Jones-Harrison.

I hereby acknowledge that I have read and understand the above statements.

Applicant Signature _____ Date _____



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APPLICANT SELF IDENTIFICATION AUDIT
PERSONAL AND CONFIDENTIAL

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STATEMENT OF PURPOSE

Under the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974, the U.S. Government is empowered to require every employer to report the number of their applicants in the racial and ethnic groups listed below. While employers are permitted to determine the above group identification by visual survey, we believe that in order to avoid mistakes and misunderstanding, every applicant should have the opportunity to answer this question personally.

THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENT AGENCIES. YOUR PARTICIPATION IN THIS SURVEY IS VOLUNTARY AND IS NOT A REQUIREMENT FOR EMPLOYMENT (NOT TO BE KEPT WITH EMPLOYMENT APPLICATION.)

Check Appropriate Boxes

MALE FEMALE

RACE: Use the following Racial Classifications to self-identify yourself under ethnic origin. Check only on box:

- 1. WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- 2. BLACK: All persons, having origins in any of the Black racial groups of Africa.
- 3. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- 4. ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India and Pakistan.
- 5. AMERICAN INDIAN: All persons having origins in any of the original peoples of North America, and you maintain cultural identification through tribal affiliation or community recognition.

Please check if any of the following are applicable:

- VIETNAM ERA VETERAN
- DISABLED VETERAN
- DISABLED INDIVIDUAL

Name (Please Print)	Signature
Social Security Number	Date