

# Lakes & Pines C.A.C., Inc.

1700 Maple Avenue East; Mora, Minnesota 55051-1227 (320) 679-1800 or (800) 832-6082 Fax (320)679-4139 An Equal Opportunity Employer/Contractor www.lakesandpines.org

# **Application For Employment**

#### NOTICE TO APPLICANTS OF EQUAL EMPLOYMENT OPPORTUNITY

All applicants for employment with Lakes and Pines C.A.C., Inc. are considered and hired on the basis of qualifications, merit, and ability to perform work assignments; and without regard to race, color, creed, religion, age, sex, national origin, marital status, sexual orientation, or gender identity, disability, membership or activity in a local human rights commission, status with regard to public assistance, or status as a parent, familial status, veteran status or any other legally protected status.

The employment practices of Lakes & Pines C.A.C., Inc. ensures equal treatment of all employees, without discrimination in rates of pay or other terms and conditions of employment including opportunities for advancement, because of the employee's race, color, creed, religion, age, sex, national origin, disability, sexual orientation or gender identity, parental status, familial status, marital status, veteran's status, public assistance, membership or activity in a local human rights commission, or other legally protected status.

Completion of the Affirmative Action Survey/Applicant Data Record is optional.

Minorities, women, veterans and individuals with disabilities encouraged to apply.

Reasonable accommodations will be made upon prior request for people with disabilities for the Agency's employment application and interview process.

All information provided within this application is subject to verification.

(Please Print)				
Position(s) Applied for:	· · · · · · · · · · · · · · · · · · ·	Date:		
Referral Source:Newspaper AdRadio Ad	Website _	Word of Mouth	Walk-in	
Employment Agency/MN Job I	Bank Other:		_	
NameFull First Name				
Full First Name	Full Middle Name		Full Last Name	
Address:				
Address:	City	County	State	Zip Code
Telephone ()	Personal email: _			
Other Telephone Number ( )	(Where y	you can be reached / me	essage phone)	
Have you ever been employed here before?		( ) Yes ( ) No		
*Are you at least 18 years old?	explanation note following	( ) Yes ( ) No		
** Are you related to any present employee, to any m Pines C.A.C., Inc.? Yes No If yes, to whom are you related and how?				akes &

<sup>\*</sup>Some of the jobs at Lakes & Pines C.A.C., Inc. may be considered hazardous; therefore we may be prohibited by law from hiring anyone under age 18 for certain jobs.

<sup>\*\*</sup>Lakes & Pines C.A.C., Inc. restricts the employment of certain relatives of employees, board members or committee members.

Are you employed now? ( ) Yes ( ) No	May we contact your present employer? ( ) Yes ( ) No					
Are you legally authorized to work in the United (Proof of citizenship or immigration status will be						
Are you available to work (Check all that apply) Full Time Part Time Temporary (less than 12 months)						
Are you on a lay-off and subject to recall? ( ) Yes ( ) No						
Can you travel on a regular basis if the job requi	res it? ( ) Yes ( ) No					
EMPLOYMENT EXPERIENCE / RECORD	OF EMPLOYMENT					
	most recent position. It is not required to list employment dates for h additional sheet(s) of paper for additional relevant job position(s). In further consideration.					
EMPLOYER	Telephone ( )					
. 11						
Position Title:						
Supervisor:						
Start Date:						
Work performed:						
What did you like best about this job:						
What did you like least about this job:						
Reason for Leaving:						
EMPLOYER						
A ddragg.						
Supervisor:						
Start Date:	Date Left:					
Work performed:						
What did you like heat shout this ich						
What did you like least about this job:						
Reason for Leaving:						
reason for Leaving.						
EMPLOYER	Telephone ( )					
Address:						
Position Title:						
Supervisor:						
Start Date:	Date Left:					
Work performed:						
What did you like best about this iob:						
What did you like least about this job:						
Reason for Leaving:	_					

## EDUCATION/TRAINING AND SKILLS

High School Name and Address of School:				
Highest grade completed: High School Diploma or equivalent	: ( ) Yes ( ) No			_
Post-Secondary Education:				$\equiv$
Name and Address of School:				
Course of study:				
Number of years completed:				
Degree/Diploma obtained:				
Name and Address of School:				_
Course of study:				
Number of years completed:				
Degree/Diploma obtained:				
Name and Address of School:				
Course of study:				_
Number of years completed:				
Degree/Diploma obtained:				
Other Schooling or Training:				
Name and Address of School:				
Course of study:				
Number of years completed:				
Degree/Diploma obtained:				
List current professional licenses,	registrations, or certificate	s relevant to the posi	tion for which you are a	pplying:
Professional License/No.	Issued By	<u>Date</u>	Expiration	
You may be required to provide coffer.	opies of job appropriate lic	ensure, diploma and	degree, contingent upor	ı final jol
What additional skills do you have t	that are related to the job for	which you are applyin	g:	

List professional, civic or community activities:				
Give name, address, and	telephone number of three person	al references who are <i>not</i> related to you:		
Name	Address/City/State	Telephone (include area code)		
	PLEASE RE.	AD CAREFULLY		
1	APPLICANT'S AUTHORIZAT	ION TO RELEASE INFORMATION		
past employers and educ	eational institutions, volunteer organicational institutions, volunteer organications.	COMMUNITY ACTION COUNCIL, INC., I hereby authorize nizations and references named in this application or any agent on about my work history and educational history for use to		
Signature		Date		
Name: (please print)		Expiration Date for Release Form:		
APPLICANT'S CERT	IFICATION AND AGREEMEN	TT:		
my employment at any t that nothing contained in	ime, or for any reason consistent w	Inc. is at-will, meaning that I or Lakes and Pines may terminate with applicable state or federal laws. Additionally, I understand the granting of an interview is intended to create an CAC.		
that any false or mislead	ing information provided, or any o	re true and correct to the best of my knowledge. I understand mission or concealment of facts, will disqualify me from my immediate dismissal should I be employed by the Agency.		
and any and all agents ac	cting on behalf of Lakes & Pines, f	employers, volunteer organizations and references listed herein former employers, volunteer organizations or references, from ting or providing such information.		
		d of 6 months; after that time, if I wish to be considered for sition(s) for which I am making application.		
Date	Signature of ap	plicant:		

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with Lakes and Pines Community Action Council, Inc. will be based only on your qualifications.

Lakes & Pines CAC is an Equal Opportunity Employer/Contractor

### Lakes & Pines CAC, Inc Affirmative Action/Applicant Data Record

#### Providing this information is *completely voluntary*

## This document will be kept separate from the Employment Application

Last Name (optional)	Fi	rst Name (Optional)	Middle Initial (Optional)
Date	pplying		
Referral Source:	Newspaper Ad Mn Works/Job Bank		
religion, sex, national origveteran status, local huma. As an affirmative action Affirmative Action Policithis information by self-ic some or all of this information you proother purpose. *When we	gin, age, creed, marital status, an rights commission activity of employer, we must monitor of es and Americans with Disabil lentifying your sex, race or ethation, you will not be subject to by de will be used only to mone receive this form, we will imit	parental or family status, mediar membership, sexual orientation ur equal employment opportunities Act and report the results the nicity, veteran and disability states any negative or adverse treatment of the results of the cour compliance with equal of the results of the res	opportunity laws and regulations and for no tial file separate from your application. If you
America (including Asian: A person have subcontinent including Thailand and Vietna Black or African All Hispanic or Latino: or origin, regardless Native Hawaiian or Samoa or other Paci White or Caucasian Africa.	Calaskan Native: A person Central America), and who wing origins in any of the oring, for example, Cambodia, m.  merican: A person having of A person of Cuban, Mexico of race.  other Pacific Islander: A fic Islands.  A person having origins in the contract of the person of the person having origins in the contract of the person having origins in the person having or	maintains tribal affiliation or ginal peoples of the Far East China, India, Japan, Korea, origins in any of the black ra- an, Puerto Rican, South or C person having origins in any	cial groups of Africa. Central American or other Spanish culture of the original peoples of Hawaii, Guam, of Europe, the Middle East or North
		-	tal impairment which "materially"
(Minnesota) or "substan	ntially" (Federal) limits one ndividual with a Disability"	or more major life activity of	r has a record of or is regarded as having or drug renders that individual a direct
Disability – Are you a	person with a disability:	YesNo	0
Veteran's StatusDisabled Ve _Recently Se	parated Veterans	Armed Forces Serv Other Protected V	vice Medal Veteran Veteran

\*This form is not used for employment decisions
Reasonable accommodations upon request for people with disabilities
1700 Maple Ave E; Mora MN 55051 ● 320/679-1800 ● 800-832-6082
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Applicant Data Record.2018