



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for Life House, Inc.? YES ☐ NO ☐ If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Disclaimer and Signature

Position is grant funded; in addition to other specified conditions of employment, it is understood that no guarantee of continued employment, beyond the availability of current funds, is expressed or implied by Life House.

Life House provides equal employment opportunity to all qualified individuals without regard to race, creed, color, national origin, ancestry, religious belief, sex, age, physical or mental disability, veteran status or other protected classification. Life House encourages individuals with diverse backgrounds and members of the LGBTQ community to apply.

All offers of employment are contingent on passing a DHS background check.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

To submit, please email your resume, cover letter, and this signed application to:

HR@life-house.org or,

Deliver / mail to:

102 West 1st St Duluth, MN 55802 - ATTN: HR

Voluntary Self Identification Form

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for Minnesota Department of Human Rights Affirmative Action reporting purposes only and will be kept separate from all other personnel records only accessed by the Operations Director.

If you choose not to self-identify your race/ethnicity/disability at this time, the state of Minnesota requires Life House, Inc. to determine this information by visual survey and/or other available information.

GENDER: _____

ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify)

_____ *Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

_____ *Non-Hispanic*

RACE:

(Please check one of the descriptions below corresponding to the race group with which you identify.)

_____ *White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

_____ *Black or African American: A person having origins in any of the black racial groups of Africa.*

_____ *Native Hawaiian or Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.*

_____ *Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*

_____ *Native American or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.*

_____ Two or more races: All persons who identify with more than one of the above five races.
_____ I do not wish to disclose.

DISABILITY:

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

(Please check one of the options below)

_____ Yes, I have a disability, or have a history/record of having a disability
_____ No, I do not have a disability, or a history/record of having a disability
_____ I do not wish to disclose