



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 1<sup>st</sup> 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