



APPLICATION FOR EMPLOYMENT

(Please print requested information in ink)

This application will be considered active for 90 days. If you have not been employed within this period and are still interested in employment at Provision Living, please contact the office where you applied and request that your application be reactivated.

Provision Living is an Equal Opportunity Employer and fully subscribed to the principles of Equal Employment Opportunity. All applicants and associates are considered for hire, promotion and job status, without regard to race, color, religion, sex, national origin, age, handicap, or status as a disabled veteran or veteran of the Vietnam Era.

PERSONAL INFORMATION:

Last Name/First Name/Middle Initial Social Security No.

Street Address City State Zip Telephone No. (_____)_____

Are you 18 years or older? YES NO If hired, can you furnish proof of age? YES NO

If hired, can you furnish proof that you are legally entitled to work in the US? YES NO

Have you ever been employed by Provision Living or its affiliates? YES NO

If yes, note location/department/position: _____/_____/_____

Do you have any relatives employed by Provision Living or its affiliates? YES NO

If yes, state Name/Relationship _____

Have you ever been convicted of or pled guilty to any crime? YES NO (A "Yes" answer will not necessarily disqualify an applicant for consideration)

If yes, please explain: _____

Have you ever been warned, disciplined or discharged for sexual harassment, fighting, assault, or related offenses? YES NO (A "Yes" answer will not necessarily disqualify an applicant for consideration)

If yes, please explain: _____

Position applying for: _____ Date available to start work: _____

I am seeking (check only one): Temporary Employment Regular Employment (indefinite period of time)

I am available for (check only one): Part-time Employment Full-time Employment

If temporary, indicate dates available: _____ Total hours available per week: _____

	SUN	MON	TUES	WED	THUR	FRI	SAT
FROM							
TO							

EDUCATION:

List names and locations of schools attended, courses of study, and whether you graduated.

High School

College

Technical School

Certification

WORK EXPERIENCE:

Please list your employment record, explaining any periods of unemployment. Begin with your most recent employer.

Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay	Name of Supervisor		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay	Name of Supervisor		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay	Name of Supervisor		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay	Name of Supervisor		

Are you currently employed? Yes No

May we contact your present employer? Yes No

Please describe any special skills, training or certifications you have that may qualify you for the position for which you are applying:

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; or criminal/civil/driving record history. I fully give my consent to and understand that you, Servant HR, may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act (FCRA, Public Law 91-508, and Title VI)** which was **revised effective September 30, 1997**, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. I authorize that motor vehicle record checks may be performed in accordance with DOT regulations for as long as I am employed with the Company.

V. **Minnesota/California applicants only.** If you want a copy of the report ordered, check this box . The report will be sent by the consumer reporting agency to you at the address listed below your signature.

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by our designated background firm to furnish the information described in Section I.

APPLICANT COMPLETES THE FOLLOWING:

Signature _____
Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used _____
Social Security Number _____
Date of Birth

Home Address _____
City State Zip

Driver's License Number and State _____
Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates is available on request. Although every effort has been made to assure accuracy, our designated background firm cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Our designated background firm's policy requires purchasers of these reports to have signed a Service Agreement. This assures that our designated background firm users are familiar with and will abide by their obligations, as stated in the **FCRA, revised effective September 30, 1997**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee contact our designated background firm.

PROFESSIONAL REFERENCES:

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION

I certify that the information contained in this application is correct to the best of my knowledge and I understand that any misstatement or omission of information is grounds for dismissal in accordance with Provision Living's policy.

I authorize Provision Living, to conduct an investigative background check. I authorize the references listed above and previous employers to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In some states, the law requires that Provision Living have my written permission before obtaining a consumer report on me, and I hereby authorize Provision Living to obtain such reports. I understand that any offer of employment is contingent upon the receipt of a satisfactory background check.

In consideration of my employment, I agree to conform to the rules and regulations of Provision Living, 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 the Company or myself. I understand that no manager or representative of Provision Living, other than an Officer of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant Name (Printed)_____

Applicant Signature_____

Date_____