

APPLICATION FOR EMPLOYMENT

Austin Center
2000 8th Street NW
Austin, MN 55912
Fax: 507-437-2099



Dunlap Center
207 Resource Road
Dunlap, TN 37327
Fax: 423-949-8799

Please place check by the location for which you are applying

Last Name: First Name: MI: E-mail Address (optional)

Present Address City State Zip code
Telephone: (with area code) Daytime number Evening number
May we contact you at work? Yes No

Position applying for: Salary desired

Shift Preference: Days Afternoon/Evenings Overnights Any Full-time Part-time

Have you ever been employed here before? Yes No If yes, give dates: From / / to / /

How did you find out about job opportunities with us? Walk-in Employee Referral Job Fair Other
Newspaper (please name): Website (please name):

Are you related to any current employees? Yes No If Yes, provide name and relationship

Are you legally authorized to work in the United States? Yes No If yes, proof is required if hired.

Have you ever been charged with or convicted of a crime? Yes No
If yes, please provide dates and details:

Answering "Yes" to this questions does not constitute an automatic bar from employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and the position applied for will be taken into account.

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?
Yes No Need more information about the job's "essential functions" to respond

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Have you ever been fired or asked to resigned from a job? Yes No If yes, please explain:

Skills & Qualifications

Please list any employment skills, special training, certificates and professional licenses, office equipment/technology, languages or related courses that you would like to be included as part of your application.

Empty lines for listing skills and qualifications.

Work Experience

Provide the following information of your current and past employers, assignments or volunteer activities, starting with the most recent (use additional sheets, if necessary). Explain any gaps of employment in the comments section below.

Present or Last employer		Address		City		State		Zip code	
May we contact?									
Job Title		Supervisor		Phone Number		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
From:		To:		Total Time					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	Full Time	Part Time	Starting Salary	Ending Salary
Shift worked? Mark all that apply. <input type="checkbox"/> Days <input type="checkbox"/> Afternoon/Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating Schedule									
Reason for leaving: _____									
Specific duties: _____									

Previous employer		Address		City		State		Zip code	
May we contact?									
Job Title		Supervisor		Phone Number		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
From:		To:		Total Time					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	Full Time	Part Time	Starting Salary	Ending Salary
Shift worked? Mark all that apply. <input type="checkbox"/> Days <input type="checkbox"/> Afternoon/Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating Schedule									
Reason for leaving: _____									
Specific duties: _____									

Previous employer		Address		City		State		Zip code	
May we contact?									
Job Title		Supervisor		Phone Number		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
From:		To:		Total Time					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	Full Time	Part Time	Starting Salary	Ending Salary
Shift worked? Mark all that apply. <input type="checkbox"/> Days <input type="checkbox"/> Afternoon/Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating Schedule									
Reason for leaving: _____									
Specific duties: _____									

Previous employer		Address		City		State		Zip code	
May we contact?									
Job Title		Supervisor		Phone Number		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
From:		To:		Total Time					
Mo.	Yr.	Mo.	Yr.	Yrs.	Mos.	Full Time	Part Time	Starting Salary	Ending Salary
Shift worked? Mark all that apply. <input type="checkbox"/> Days <input type="checkbox"/> Afternoon/Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating Schedule									
Reason for leaving: _____									
Specific duties: _____									

EXPLANATION OF GAPS IN EMPLOYMENT

Please explain any breaks or periods of non-employment in your employment history:

From: _____ To: _____ Reason _____

From: _____ To: _____ Reason _____

From: _____ To: _____ Reason _____

From: _____ To: _____ Reason _____

Educational Background

Name and Location of High School: _____

Did you Receive a Diploma? Yes No OR Did you Receive a G. E. D.? Yes No

Name and Location of Colleges or Universities Attended (List Most Recent First)	Dates Attended	List Degree or Diploma Awarded and Date Received	Major/Minor

References (preferably related to work/educational experience)

Name	Address	
Phone	Circle One: Home Work	Relationship # of Years Known
Name	Address	
Phone	Circle One: Home Work	Relationship # of Years Known
Name	Address	
Phone	Circle One: Home Work	Relationship # of Years Known

Applicant Statement

This application is only for a specific position and will be kept on file for one (1) year. The applicant must contact the Human Resources Office at (800) 892-1578 to reactivate this application for the same type of position opening. Separate applications must be submitted for any other position.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, public agencies and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question in this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

The following are key CRC policies:

- Cooperative Response Center, Inc (CRC) facilities are tobacco-free. Therefore, smoking and the use of smokeless tobacco is prohibited within CRC buildings and vehicles owned and leased/rented by the company. Smoking on CRC property is permitted in outdoor designated areas only.
- Cooperative Response Center, Inc (CRC) has a drug-free workplace and testing policy that includes pre-employment drug testing for candidates selected for a position as a condition of employment.
- Cooperative Response Center, Inc. (CRC) completes background checks for applicable positions as a condition of employment.

In consideration for employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or policies and procedures do not form a contract of employment either expressed or implied, and I agree that my employment may be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its President/CEO, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

Signature of Applicant

Date