

# Deafblind Services MN, LLC

1936 Lyndale Ave. South Minneapolis, MN  
55403

Phone (612) 871-2222 Fax (612) 872-0189

## Employment Application

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Deafblind Services MN, LLC is an affirmative action, equal opportunity employer.

### General Information (Please print using black ink)

Date of Application \_\_\_\_\_

Position applying for \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Are you employed now?  Yes  No If yes, may we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed due to visa or immigration status?  Yes  No

On what date would you be available to begin work? \_\_\_\_\_

How many hours per week would you prefer to work? \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

# Education

**High School Diploma or GED:**       Yes    No   Highest level completed \_\_\_\_\_

Name and Location of High School:

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## Post High School Education:

List institution attended and location

Area of Study/Degree

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**Other applicable education** \_\_\_\_\_

**Professional Licenses or Certification** (list Type, License #, expiration date)

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**Military Service:** Branch \_\_\_\_\_ Dates \_\_\_\_ to \_\_\_\_ Discharge Status \_\_\_\_\_

## Language Skills

Languages that you speak, read, write or sign: \_\_\_\_\_

Please rate your American Sign Language skills (Circle one):

No Skills   Beginner   Intermediate   Advanced   Fluent

## Other Skills

Please list special skills and qualifications:

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**Professional, trade, or business organizations, or civic activities and offices held.** You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.

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# Employment Experience

Please list your employment experience. Begin with your present or most recent job. Include military service assignments and volunteer experience. Include other listings on a separate sheet of paper.

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Starting / ending salary \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Starting / ending salary \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Starting / ending salary \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
Starting / ending salary \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## References

Please list three professional references including their name, address, phone number, e-mail address and professional relationship to you. References should not be related to you and should not include supervisors listed on previous page.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Authorization

I understand that information I have given on this application will be used only to determine my suitability for employment at Deafblind Services MN, LLC. I understand that the references I have listed here will be contacted for information on my work habits, etc. at they relate to potential employment.

I understand that a criminal background check will be conducted on me to determine my suitability for employment, and I give my authorization for this check to be completed. The statements I have made on this application are true to the best of my knowledge and I understand that if I have knowingly misrepresented the truth on this application, I will not be considered for employment with Deafblind Services MN, LLC.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

## Reference Release Form

I, \_\_\_\_\_ agree to allow all references that I have listed on my application or given during the interview process, to release information to Deafblind Services MN, LLC, Inc. (VLR) about my previous employment, character, personality or other information needed to determine my employment as a VLR employee.

I understand that all information released is considered confidential and will be used only to determine employment eligibility as a VLR employee. However, I understand that some of the information can be subpoenaed by a court of law.

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Applicant Signature

Date

# Deafblind Services MN, LLC

## Equal Employment Opportunity and Affirmative Action Statistics

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decision. This page is separated from your application immediately upon being received and will be kept confidential. This form is to be completed voluntarily. Failure to do so will not have an effect on the application process.

Please Print

Name \_\_\_\_\_ Position applied for \_\_\_\_\_

Date of application \_\_\_\_\_

### Gender

Male       Female

### Ethnic Group (please check one):

**Hispanic or Latino** – all personal of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (If you have selected this category it is not necessary to select from the racial groups found below)

**Not Hispanic or Latino** (if this category is checked, please select from the racial groups below)

**Racial Groups:** If not Hispanic / Latino was selected above, please select a race category below:

White (not Hispanic or Latino)

Black or African-American (not Hispanic or Latino)

Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)

### **Please check if any of the following apply to you:**

Individual with a disability

Disabled Veteran

Vietnam Era Veteran