

Vision Loss Resources
1936 Lyndale Ave. South
Minneapolis, MN 55403
Phone (612) 871-2222 Fax (612) 872-0189

Employment Application

Vision Loss Resources 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: _____

Post High School Education:

List institution attended and location Area of Study/Degree

Other applicable education _____

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

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:

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.

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 Vision Loss Resources. 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 Vision Loss Resources.

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 Vision Loss Resources, 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.

Applicant Signature

Date

Vision Loss Resources

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



The McDowell Agency, Inc.
1101 North Snelling Avenue
St. Paul, Minnesota 55108
Telephone: (651) 644-3880
Toll Free: (877) 644-3880
Fax: (651) 644-3877

DISCLOSURE AND AUTHORIZATION

[IMPORTANT—PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As part of the employment process, THE MCDOWELL AGENCY, INC. who is a vendor or service provider and its client Vision Loss Resources and/or DeafBlind Services Minnesota may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained regarding applicants for employment is an investigation into your education and/or employment history conducted by THE MCDOWELL AGENCY, INC., 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, <http://www.mcdowellagency.com>. The scope of this notice and authorization is all-encompassing, however, allowing the Company and Sponsor to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company and Sponsor at any time after receipt of this authorization and throughout my employment if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by THE MCDOWELL AGENCY, 1101 Snelling Avenue North, St. Paul, MN 55108, 651-644-3880, <http://www.mcdowellagency.com>, another outside organization acting on behalf of the company, and/or the Company itself. THE MCDOWELL AGENCY Privacy Policy: <http://mcdowellagency.com/resources/frequently-asked-questions/>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. If you did not receive Article 23-A, please contact us or visit: <https://www.labor.ny.gov/formsdocs/wp/correction-law-article-23a.pdf>

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Employer please note: If a Minnesota or Oklahoma checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), you must provide the individual a copy of their report. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you must provide the individual with a copy of their consumer report, unless you have made prior arrangements for THE MCDOWELL AGENCY to do so on your behalf.

By signing below, I acknowledge that I have read and understand the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and STATE SPECIFIC RIGHTS OF APPLICANTS OR EMPLOYEES above.

Signature

Date (mm/dd/yyyy)

APPLICANT/CONSUMER INFORMATION

Please print legibly. This information will be used for background screening purposes only and will not be used as hiring criteria.

Last Name

First

Middle

Other Names/Aliases

Date of Birth (mm/dd/yyyy)

Social Security Number

Driver's License Number

State Issued

Phone Number

Current Street Address

Current County

Current City

Current State

Current Zip

Please list all previous addresses within the last seven (7) years: (attach a separate sheet if necessary)

Street Address

City/State/Zip

County

Dates of Residence

Street Address

City/State/Zip

County

Dates of Residence

Street Address

City/State/Zip

County

Dates of Residence

Street Address

City/State/Zip

County

Dates of Residence

The above information is true and correct to the best of my knowledge. By signing below, I give The McDowell Agency, Inc. permission to perform an investigation into my background. If hired, this authorization is valid for the duration of my employment.

Signature

Date (mm/dd/yyyy)