

# 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

**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 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



Agency, Inc.

The McDowell

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 Deafblind Services MN, LLC 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, 651644-3880, <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-askedquestions/>. 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
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Other Names/Aliases	Date of Birth (mm/dd/yyyy)
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Social Security Number	Driver's License Number	State Issued	Phone Number
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Current Street Address	Current County
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Current City	Current State	Current Zip
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**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
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Street Address	City/State/Zip	County	Dates of Residence
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Street Address	City/State/Zip	County	Dates of Residence
----------------	----------------	--------	--------------------

Street Address	City/State/Zip	County	Dates of Residence
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*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)
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