Vision Loss Resources (VLR), DeafBlind Services Minnesota (DBSM) and Contract Production Services (CPS) are Equal Opportunity Employers.

Prospective employees will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, genetic testing information, age or any other characteristic protected by state or federal law.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application: | | Have you ever previously applied for employment with the Organization?  Yes  No | | | | | | |
| Name (Last, First, MI): | | | |  | |  |  | |
| Street Address: | | | City: | | | | State: | Zip Code: |
| Home Telephone: (    ) - |  | | | | May we contact you at work? Yes No | | | |
| Cell Phone: (    ) - | Email Address:       @      \_\_\_\_\_\_ | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Desired: | | | | | | | | |
| Are you applying for:  Full-time  Part-time  Temporary  Seasonal | | | | | Pay Desired: $      per | | | |
| Can you perform the essential functions of the position you are applying for?  Yes  No | | | | | | | | |
| Under federal law, we may hire only persons authorized to work in the U.S. As a condition of employment, I understand that I will be required to furnish proof of my identity and authorization to work in the U.S. as required by law. Are you legally authorized to work in the United States?  Yes  No  Will you now or in the future require sponsorship for employment visa status? (e.g., H-1B visa status)  Yes  No | | | | | | | | |
| Are you employed now?  Yes  No | | | If hired, when can you begin work? | | | How many hours per week would you like to work? | | |
| |  | | --- | | Do you have valid driver’s license?  Yes  No In what state and driver’s license number: | | Language Skills speak, read, write:  Sign (beginner, intermediate, advanced): | | Other Skills: list special skills and qualifications: | | | | | | | | | |
| **Education Level** | **Name & Location of School** | | **Number of Years Completed** | | | **Subjects Studied** | **Certificate or Degrees** | |
| GED or High School |  | |  | | |  |  | |
| College |  | |  | | |  |  | |
| Graduate |  | |  | | |  |  | |
| Business/ Trade/Tech |  | |  | | |  |  | |
| Certification/ honors |  | |  | | |  |  | |

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| **Employment Record** | **Please give accurate, complete full-time and part-time employment history starting with your present or most recent employer. If attaching resume, you must still complete all sections.** | | |
| Company Name: | | | Telephone: (    ) |
| Address: | | | Dates of Service (month/year):  From:      To: |
| Reason for Leaving: | | Manager: | |
| What was your job title? | | Starting Pay: $      Ending Pay: $ | |
| Company Name: | | | Telephone: (    ) |
| Address: | | | Dates of Service (month/year):  From:      To: |
| Reason for Leaving: | | Manager: | |
| What was your job title? | | Starting Pay: $      Ending Pay: $ | |
| Company Name: | | | Telephone: (    ) |
| Address: | | | Dates of Service (month/year):  From:      To: |
| Reason for Leaving: | | Manager: | |
| What was your job title? | | Starting Pay: $      Ending Pay: $ | |

|  |  |  |
| --- | --- | --- |
| **References** | **List three professional references we may contact (e.g. current or former managers, peers, customers, etc.).** | |
| **(1)** Name: | | |
| Company: | | Title: |
| Relationship: | | Daytime Phone: (    ) - |
| **(2)** Name: | | |
| Company: | | Title: |
| Relationship: | | Daytime Phone: (    ) - |
| **(3)** Name: | | |
| Company: | | Title: |
| Relationship: | | Daytime Phone: (    ) - |

# Please Read the Following Carefully

* I certify that the statements that I have made in this application are true and complete and that I have read, understand, and agree to all the provisions contained in this application. I understand that falsification or omission of information from this application or violation of any of the provisions contained herein may be cause for disqualification or immediate dismissal.
* In consideration of my employment, I agree to conform to the policies and procedures of VLR, DBSM, and CPS. I understand that in accepting this application, the organization is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed with VLR, DBSM, and CPS, I understand that I am employed “at-will” and that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at either the option of the organization or myself. I further understand that no supervisor, manager, or representative of the Company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except in writing when authorized by the CEO of VLR, DBSM, and CPS.
* I authorize VLR, DBSM, and CPS to investigate all statements contained herein and to use the information contained in this application form or in my personnel file; (1) to contact my previous employers about my qualifications for the job applied for (2) to answer job related inquiries from possible future employers, (3) to contact schools for pertinent information, and (4) to contact the references listed above. I understand that this application form will be considered active for six (6) months from the date it is signed and dated by me.
* I understand that if I am offered employment the organization may require and perform a criminal background check and I may be subject to drug testing.

|  |
| --- |
| Applicant Signature: Date: |

|  |
| --- |
| Company Representative Date |

EEO-1 Voluntary Self Identification Form: Vision Loss Resources (VLR), DeafBlind Services Minnesota(DBSM) and Contract Production Services (CPS)

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. This form is separated from your application once received and will be kept confidential. This form is to be completed voluntarily.

|  |  |
| --- | --- |
| **NAME:** | **JOB TITLE:** |
| **DATE COMPLETED:** | |

**GENDER**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MALE |  | FEMALE |  | Non-binary |  | I choose not to disclose |  |

**ETHNICITY**

|  |  |
| --- | --- |
|  | **HISPANIC or LATINO**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race |
|  | **NOT HISPANIC OR LATINO**: If not Hispanic or Latino please complete race below |
|  | **I choose not to disclose** |

**RACE** – Not Hispanic or Latino

|  |  |
| --- | --- |
|  | **WHITE** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa |
|  | **BLACK or AFRICAN AMERICAN** A person having origins in any of the black racial groups of Africa. |
|  | **NATIVE HAWAIAN or PACIFIC ISLANDER** (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
|  | **ASIAN** (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam |
|  | **AMERICAN INDIAN or ALASKA NATIVE:** a personhaving origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |
|  | **TWO or MORE RACES** all persons who identify with more than one of the above |
|  | **I choose not to disclose** |

**DISABILITY and/or VETERAN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Individual with Disability |  | Disabled Veteran |  | Vietnam Era Veteran |  | I choose not to disclose |  |