

Chrestomathy, Inc.

7465 Eden Prairie Road
Eden Prairie, MN 55346
952-974-0339
952-974-0307 (Fax)
www.chrestomathyinc.org

Application for Employment

Chrestomathy, Inc. is an equal opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law. Those applicants requiring reasonable accommodation in the application and/or interview process should notify the Human Resources Administrator. Answer all questions completely.

Date of Application

Contact Information

Name (First Middle Last)

Present Street Address

City, State, Zip

Primary phone _____ Alt. Phone _____ E-mail _____

To which position are you applying?

Program Trainer Team Supervisor Other

Are you available for part time or full time?

Full time Part time

At which sites can you work?

Minneapolis Eden Prairie Burnsville

Are you currently employed?

Yes No

If you are hired, can you provide documentation of your eligibility to work in the United States?

Yes No

Work Experience

Please provide the following information regarding your employment for the past 5 years, starting with your current/most recent experience.

Most Recent/Current Employer	Address	Telephone	
Date Started	Date Left	Starting Position	Last Position
Hours per Week	Reason for Leaving		
Name and Title of Supervisor	Supervisor's Phone Number	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties			

Previous Employer		Address		Telephone
Date Started	Date Left	Starting Position		Last Position
Hours per Week		Reason for Leaving		
Name and Title of Supervisor		Supervisor's Phone Number		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties				
Previous Employer		Address		Telephone
Date Started	Date Left	Starting Position		Last Position
Hours per Week		Reason for Leaving		
Name and Title of Supervisor		Supervisor's Phone Number		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties				
Previous Employer		Address		Telephone
Date Started	Date Left	Starting Position		Last Position
Hours per Week		Reason for Leaving		
Name and Title of Supervisor		Supervisor's Phone Number		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties				

<u>Educational History</u>				
School Name/Location	Number of Years Attended	Did you Graduate?	Degree/Diploma Earned	Subjects Studied
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/Technical/Trade		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

<u>References</u>	
Were you referred to Chrestomathy, Inc. by a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, by whom? _____	
Please list at least three individuals who have knowledge of your qualifications for the position for which you are applying.	
Name: _____	Phone: _____
Relationship: _____	
Name: _____	Phone: _____
Relationship: _____	
Name: _____	Phone: _____
Relationship: _____	

Physical Requirements

Please review the attached job description and the physical requirements for the essential functions of the job for which you are applying. Can you perform the job functions with or without reasonable accommodation? Yes No

Background Study

As required by law, a background study will be conducted by the Minnesota Department of Human Services as a condition of your employment. Have you been convicted of a felony or other crime that could affect your qualifications to work with vulnerable adults? Yes No

If yes, please explain; including the crime, date, and court info: _____

(Answering "Yes" does not constitute an automatic ban on employment unless required by the mandatory background check performed by the Minnesota Department of Human Services.)

Additional Information

Please list any additional relevant training, apprenticeship programs, membership in professional, trade, business, or associations. Also list special accomplishments, publications, awards, etc. that are relevant to the position for which you are applying: *(Exclude information that would reveal race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, veteran/military status or any other similarly protected status):* _____

APPLICANT'S CERTIFICATION AND AGREEMENT

(PLEASE READ CAREFULLY)

I hereby certify that the answers and other information on this application (and in any related documents or interview) are true and correct and that I understand any misrepresentation of facts or significant omissions on my part will disqualify me from further consideration for employment, and will be justification for separation from the company's service, if employed. I understand that my employment is contingent upon successfully completing a background check as required by Minnesota law, a motor vehicle record/license check, and upon providing proper documentation to complete the I-9 Form, and any other pertinent information bearing upon my employment.

I expressly authorize investigation by Chrestomathy, its agents and representatives of all statements, references, and information provided in this application (or in any related documents or interview). I expressly authorize any person, school, current or prior employer named in this form (or in any related documents or interview) to provide any information or opinion requested by Chrestomathy, its agents and representatives in connection with my application, and I release all parties from liability in making such statements.

This application will be held for 30 days only. I understand that this application does not create a contract for employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted company policies. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, at the will of either party with or without cause and with or without prior notice, except as may be required by law.

Date

Signature

Background Study Notice

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, chapter 245C, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals providing direct contact services to people receiving services from facilities and agencies licensed by DHS. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.

4. Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.

5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

Fields marked with an asterisk () are optional.*

Name – First: Middle: Last:

Date of Birth: Gender: * Race:

MN DL#/ State ID#: * SSN#: * Phone:

Address:

State: City: Zip:

Other names by which you have been known:

#1 Name – First: Last:

#2 Name – First: Last:

#3 Name – First: Last:

Motor Vehicle Record Check

A substantial portion of this job involves transporting clients. To ensure safety and to meet insurance requirements, an acceptable driving record and valid license must be maintained by all employees. Chrestomathy, Inc. will verify the driver's license status and driving record for all those to whom the Company extends a conditional offer of employment and will recheck this information periodically throughout employment. Employees must report any traffic violations promptly to their supervisor or Program Director. Traffic violations, suspension, or revocation of your driver's license will result in reevaluation of your ability to perform the essential functions of your job.

The applicant/employee understands that Chrestomathy, Inc. must comply with insurance requirements as they pertain to employees driving the Company's vehicles and/or use of employees' vehicles on the job. Chrestomathy, Inc. and the applicant/employee understand that the use of these records is limited to the Company's obligation to comply with insurance requirements and/or with the underwriting process relating to securing insurance coverage. The Company will exercise best efforts to so limit use and disclosure of these records. By his/her signature below, the applicant/employee acknowledges and agrees that Chrestomathy, Inc. is entitled to receive and send proof of proper licensure and/or motor vehicle reports consistent with complying with those requirements and consents to the release of such records. The applicant/employee also gives his/her consent to the release of such records to insurance carriers.

Do you have a valid Minnesota driver's license? Yes No

Do you have a valid out of state driver's license? Yes No

 If yes, which state? _____

Driver's license number: _____

Expiration date: _____

Full name stated on license: _____

Date of birth: _____ (Date of birth information will be used by the insurance carrier to increase the accuracy of the motor vehicle report. It will not be used in any employment decision.)

Have you had any moving violations, accidents, DUI's, or DWI's within the last three to five years? If so, please list: _____

Signature

Date

If employed, this form authorizes Chrestomathy, Inc. to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of employment.

Physical Requirements

Employees providing direct care to clients must be able to complete the following requirements according to the percentage of an eight-hour work day associated with each requirement. For example, employees are expected to be able to perform the physical activity of bending up to 50% of an eight-hour work day, or four hours.

PHYSICAL ACTIVITY REQUIREMENTS	10%	30%	50%	70%	OVER 70%
Bending			X		
Climbing stairs	X				
Fine repetitive movement					X
Handling infectious material		X			
Kneeling		X			
Lifting 0-20 pounds					X
Lifting 20-80 pounds				X	
Lifting over 80 pounds		X			
Physical restraining mature, resistive adults		X			
Pushing / pulling					X
Reaching overhead					X
Running		X			
Sitting / standing					X
Stooping / crouching				X	
Twisting / turning				X	
Walking					X
Driving a motor vehicle		X			
PHYSICAL EXPOSURE	10%	30%	50%	70%	Over 70%
Work with drugs	X				
Work with food					X
Constant distracting noises					X
Crowded areas					X
Dim lighting	X				
Loud noises					X
Mechanical hazards			X		
Unclean conditions				X	
Unpleasant odors		X			
Physically violent clients					X
Wet work			X		
Work area with no windows	X				
Working alone	X				
Working indoors				X	
Working outdoors		X			
Working with others					X