



APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY	
WORK LOCATION _____	RATE _____
POSITION _____	HIRE DATE _____

PFF is an equal opportunity employer and encourages diversity in employment. PFF makes all hiring decisions without regard to an applicant's race, religion, sex age, national origin, sexual orientation, disability or other protected classification under federal, state or local equal opportunity laws.

PERSONAL

Name: _____ Date: _____
 Last First Middle

Address: _____

City/State: _____ Zip Code: _____

Are you at least 18 years of age? Yes No Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Yes No Do you possess a valid driver's license?

Driver's License: State _____ License Number _____

Are you legally eligible for employment in the USA? Yes No (If yes, verification will be required.)

Have you worked for PFF before? Yes No

If yes, specify dates: _____

EMPLOYMENT DESIRED

Position: _____ Date available: _____

Hours preferred: Part-time Full-time Float

Are you willing to work in a home with pets? Yes No

901 Highway 71 NE
 Willmar, MN 56201
 320.235.5897

EDUCATION

Completed		Degree	Name of School	Address	Major
Yes	No				
_____	_____	High School/GED	_____	_____	_____
_____	_____	Technical/Vocational	_____	_____	_____
_____	_____	College/University	_____	_____	_____
_____	_____	Other	_____	_____	_____

SPECIALIZED TRAINING, CERTIFICATION OR EXPERIENCE

Training/Certification		Expiration Date	Additional Comments
Yes	No		
_____	_____	First Aid	_____
_____	_____	CPR	_____
_____	_____	Medication Administration	_____
_____	_____	Behavior Support/Therapeutic Intervention	_____

List any license or certification you possess that is relevant to the position you are applying for:

WORK HISTORY

Begin with current or most recent employer:

(1) Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Dates of Employment: Starting Date: _____ Ending Date: _____

Position: _____ Description of Job: _____

Reason for Leaving: _____

(2) Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Dates of Employment: Starting Date: _____ Ending Date: _____

Position: _____ Description of Job: _____

Reason for Leaving: _____

(3) Employer: _____ Address: _____

Supervisor: _____ Phone Number: _____

Dates of Employment: Starting Date: _____ Ending Date: _____

Position: _____ Description of Job: _____

Reason for Leaving: _____

WORK HISTORY (CONT.)

(4) Employer: _____ Address: _____
Supervisor: _____ Phone Number: _____
Dates of Employment: Starting Date: _____ Ending Date: _____
Position: _____ Description of Job: _____
Reason for Leaving: _____

I hereby give permission to contact the employers listed concerning my prior work experience.

Signed: _____

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

(1) Name: _____ Relationship to Applicant: _____
Daytime Phone Number: _____ Nighttime Phone Number: _____

(2) Name: _____ Relationship to Applicant: _____
Daytime Phone Number: _____ Nighttime Phone Number: _____

(3) Name: _____ Relationship to Applicant: _____
Daytime Phone Number: _____ Nighttime Phone Number: _____

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions listed for each position for which you have applied? _____ If no, list the function(s) you are unable to perform and explain why you are unable to perform them. _____

Would you have the ability after training, to physically restrain clients? Yes No

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice at any time, for any reason or no reason. Conviction of a crime will not be an absolute bar to employment, unless subject to the restrictions contained in MN Applicant Background Study Rule 11.

Signature of Applicant

