



MINNESOTA RIVER
Area Agency on Aging®

Required Items: Signed Cover Letter, Resume, Signed Employment Application

Submit Via:

Mail: MNRAAA
Attn: Office Manager
201 N Broad Street, Suite 102
Mankato, MN 56001
Fax: 507.387.6223
Email: eschott@mnraaa.org

Employment Application

We are an Equal Opportunity Employer

You must complete entire application and sign where indicated.

Date:

Applicant Information		
Name (first, middle, last)		
Address (street, city, state, zip code)		Mobile Telephone
Email Address:		Home Telephone
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been dismissed or forced to resign a position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied at MNRAAA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	Have you previously worked for MNRAAA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and title:	
Position Applying For		
	Part-Time Desired <input type="checkbox"/>	Full-Time Desired <input type="checkbox"/>
Available start date?	Salary Preference	
How did you learn about this job in which you are applying for?		
<input type="checkbox"/> MNRAAA Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Facebook <input type="checkbox"/> InDeed <input type="checkbox"/> LinkedIn <input type="checkbox"/> Monster.com <input type="checkbox"/> ZipRecruiter.com <input type="checkbox"/> MinnesotaWorks.net <input type="checkbox"/> Friend/Relative _____ Other _____		

Education

School Name	Location (city, state)	Number of Years Attended	Major Subjects	Diploma or Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses – list any relevant training completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s)

If required to drive a motor vehicle for the job you are applying for, state your:

1) driver's license number:

2) state issued:

Are you licensed with any group, association or society relating to the job for which you are applying?

Yes No

Describe	State Issued	Expiration Date

Technical Proficiencies

1. Please describe computer proficiency, software knowledge and office equipment experience.

Employment History – start with most recent; use separate sheet if necessary.

Name of Employer:	Telephone
Address (street, city, state, zip code):	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Notify me first	
Name of Employer:	Telephone
Address (street, city, state, zip code):	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Notify me first	
Name of Employer:	Telephone
Address (street, city, state, zip code):	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Notify me first	
Name of Employer:	Telephone
Address (street, city, state, zip code):	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Notify me first	

Employment References – list individuals familiar with your job qualifications (no relatives or personal friends).		
Name:	Telephone	
	Email Address:	
Address (street, city, state, zip code):		
Relationship:		How long known?
Name:	Telephone	
	Email Address:	
Address (street, city, state, zip code):		
Relationship:		How long known?
Name:	Telephone	
	Email Address:	
Address (street, city, state, zip code):		
Relationship:		How long known?

Special Instructions:

- MNRAAA requires a cover letter, resume and completed employment application for consideration of our openings.
- Your cover letter must highlight three things you can contribute to the position you are applying for.
- Read and sign Certification of Authorization Statement (page 5)
- Read and sign Disclosure of Intent to Obtain a Consumer Report (page 6) before submitting the required information.

CERTIFICATION OF AUTHORIZATION STATEMENT

Please read carefully and sign below:

I understand that this employment application and any other documents presented to me in the course of applying for employment with MNRAAA are not contracts or promises of employment. If employed, I understand the duration, hours, nature, compensation and benefits of my employment may be changed and modified from time to time without limitation or condition. Employment is at-will in nature, meaning that MNRAAA or the employee may terminate employment at any time, with or without notice.

I understand that if I am chosen as a finalist for this position a criminal background investigation, driver's record and credit check will be performed.

I authorize MNRAAA to investigate all statements on this application, including work history and education. I authorize my previous employers and work references to release any and all personnel data, including performance evaluations and complaints against me, to MNRAAA as it relates to my application for employment at MNRAAA. Specifically, I release and waive any and all claims, including but not limited to claims for defamation, libel and slander, that I may have against any such individual or company as a result of their compliance with MNRAAA's request for information.

I authorize all schools, colleges, universities and other education institutions I have attended to provide MNRAAA with all information which it seeks related to the dates of my attendance, the degrees I have earned, the courses I have taken, my grade point average and related matters. I waive and release any and all claims I may have against these institutions as a result of their compliance with MNRAAA's request for information.

I certify that the information I have provided in this application is true and correct to the best of my knowledge and belief. I understand that any false statements or omissions in this employment application form, or made in the course of applying for employment with MNRAAA, may disqualify me for employment or cause my subsequent dismissal from employment.

Applicant Signature

Date

EQUAL OPPORTUNITY EMPLOYER

MNRAAA does not discriminate in employment and no question on this is used for the purpose of limiting or excluding any applicant's consideration for employment on the basis prohibited by local, state or federal law.

DATA PRACTICES

In accordance with the Minnesota Government Data Practices Act, MNRAAA is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not the public. The personal information we collect about you is private. The information collected from you or from other agencies or individuals authorized by you is used to determine your qualification. You are not required to provide this information; however, it is necessary to determine if you are qualified for employment. If you do not supply the required information, MNRAAA will not be able to consider you for employment. The use of the data we collect is limited to that necessary for the administration and management of MNRAAA's employment practice. Persons or agencies with whom this information may be shared include: MNRAAA Executive Director, Finance Director, directors or supervisors in a department where the job openings occur. Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private. You may exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include: the right to see and obtain copies of the data maintained on you; the right to be told the contents and meaning of the data; and the right to contest the accuracy and completeness of data. To exercise these rights, contact the Finance Director of MNRAAA.

DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT

In compliance with the Fair Credit Reporting Act ("FCRA") and Minn. Stat. 13c.02, we hereby notify you that for employment purposes, Minnesota Area Agency on Aging (the "Agency") or its agents (including the coordinating agency for the Senior LinkAge Line Program) may request a consumer report and/or an investigative consumer report in connection with your application for employment or employment purposes. Consumer reports include any written, oral, or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation, and other personal characteristics that is expected to be used for employment purposes. Consumer reports may include, but are not limited to the following, to the extent permitted by applicable state law: credit reports, social security trace, criminal records checks, civil records, any court records, driving records, including citations and insurance records, and/or summaries of educational and employment records and histories, including GPA and salary. Investigative consumer reports include similar information as consumer reports, which are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you. You have the right to request information from the Agency about the nature and scope of any investigative consumer report on you that is requested by the Agency. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

- I wish to receive a copy of the consumer report regarding me, if the Agency causes a consumer report to be issued. This copy will be provided to me at no charge.

I acknowledge that I have received, read, and fully understand the above Disclosure of Intent to Obtain a Consumer Report.

Date: _____ Signature: _____

Print Full
Legal Name: _____
First Middle Last

Thank you for your interest in the Minnesota River Area Agency on Aging.