



provides people challenged by disabilities the opportunity to work and live in their community.

PO Box 757  
320 Sundial Drive  
Waite Park, MN 56387  
(320) 251-0087

1527 Northway Drive  
St. Cloud, MN 56303  
(320) 251-9251

Box 4  
Sauk Centre, MN 56378  
(320) 352-6759

## APPLICATION FOR EMPLOYMENT

We sincerely appreciate your interest in seeking employment with us. The questions asked on this application are designed to give us a clear understanding of your background and work experience. If you become an employee of WACOSA, this application will become a part of your personnel record.

*PLEASE PRINT*

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Last First Middle Initial

Street

ADDRESS \_\_\_\_\_

City

State

Zip

HOME PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Have you ever been convicted of a felony? (including sex-related or child/vulnerable adult abuse related offenses?)

YES

NO

(Conviction will not necessarily bar you from employment but will be reviewed as it pertains to certain positions.)

Are you legally authorized to work in the United States?  YES  NO

Can you provide required proof of eligibility to work?  YES  NO

Positions/ Type of work for which you are applying: \_\_\_\_\_

Full-time

On Call

Days

Part-time

Afternoon/ Evening

Wage Requirements \_\_\_\_\_ Date available to begin work \_\_\_\_\_

WACOSA is an Equal Opportunity Employer. We do not discriminate in hiring or employment on the basis of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation or preference, status with regard to public assistance or any other legally protected status. No question on this application is intended to secure information to be used for such discrimination.

## EDUCATION & TRAINING

High School Attended: \_\_\_\_\_

City/ State: \_\_\_\_\_ Do you have a Diploma/ GED?  YES  NO

### *POST HIGH SCHOOL EDUCATION*

School Attended: \_\_\_\_\_

City/ State: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Did you graduate?  YES  NO Degree: \_\_\_\_\_

### *OTHER EDUCATION*

School Attended: \_\_\_\_\_

City/ State: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Did you graduate?  YES  NO Degree: \_\_\_\_\_

## US MILITARY SERVICE

Did you serve in the U.S. Armed Forces?  YES  NO If YES, what branch? \_\_\_\_\_

Describe any military training received relevant to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_

## SPECIALIZED TRAINING, SKILLS OR CERTIFICATIONS

A. Current Red Cross First Aid  YES  NO Date Certified: \_\_\_\_\_

B. Current Red Cross CPR  YES  NO Date Certified: \_\_\_\_\_

Please summarize any special or additional job-related skills and/or qualifications.

List specific certifications, seminars, training or honors received: \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Have you ever worked for us before?  YES  NO If yes, from \_\_\_\_\_ to \_\_\_\_\_  
(month/year) (month/year)

Please list most recent position first.

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  Full-time  Part-Time  Temporary

Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact for a reference?  YES  NO

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Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  Full-time  Part-Time  Temporary

Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact for a reference?  YES  NO

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Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_  Full-time  Part-Time  Temporary

Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact for a reference?  YES  NO

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## PERSONAL REFERENCES

Please do not list relatives

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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### APPLICANT'S STATEMENT

I understand and agree that any misrepresentation or deliberate omission of fact in my application may be considered cause for rejection of, or if employed, termination from employment.

It is my understanding that WACOSA Inc. may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by WACOSA and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

Although management makes efforts to accommodate individual preferences, business needs may at times make the following conditions necessary: overtime, shift work, work outside of regularly scheduled hours, Sunday through Saturday. I understand and accept these as conditions of my employment.

I further understand that this is part of an application for employment and that no offer of employment is being made at this time.

I also understand that if I am employed, such employment is "At Will" and is for an indefinite period of time. I may leave WACOSA's employment at any time and WACOSA may terminate my employment at any time.

WACOSA reserves the right to change, interpret, withdraw or add to the policies, benefits or terms and conditions of employment at their sole discretion and without prior notice, consideration or approval by any prospective or existing employee.

WACOSA makes no promise of employment by accepting this application. This is not a contract of employment.

In consideration of any employment offer, I agree to conform to the rules and regulations of WACOSA and my employment and compensation can be terminated, with or without cause, and with or without notice any time, at the option of the Company. I also understand that any offer of employment is contingent on acceptable outcomes of any tests and inquiries WACOSA may require of its employees, in particular background study checks and MVR checks for positions requiring those clearances.

I have read and understand the above conditions and hereby affix my signature as verification of the foregoing statements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

References sent \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Start Date: \_\_\_\_\_

Starting Pay \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_

EOE/AA Employer

## AFFIRMATIVE ACTION APPLICANT DATA

**APPLICANT:** WACOSA is committed to Equal Employment Opportunity and Affirmative Action. In order to comply with federal and state laws we ask you to complete the following information and return it to the Human Resources Director. This information is used for statistical reporting purposes only. It is filed separately from your application and is not related to any screening, interviewing or hiring decisions.

1. **APPLICANT'S NAME:** \_\_\_\_\_

2. **APPLICATION DATE:** \_\_\_\_\_

3. **POSITION APPLIED FOR:** \_\_\_\_\_

4. **SEX:** \_\_\_\_\_ Male \_\_\_\_\_ Female

5. **RACE/ETHNIC IDENTIFICATION** (check one):

\_\_\_\_\_ **AMERICAN INDIAN**

\_\_\_\_\_ **ALASKAN NATIVE**

\_\_\_\_\_ **ASIAN**

\_\_\_\_\_ **BLACK OR AFRICAN AMERICAN**

\_\_\_\_\_ **HISPANIC OR LATINO**

\_\_\_\_\_ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

\_\_\_\_\_ **WHITE** - (not of Hispanic origin)

\_\_\_\_\_ **MORE THAN ONE RACE** (please specify) \_\_\_\_\_

6. **ARE YOU DISABLED?** \_\_\_\_\_ Yes \_\_\_\_\_ No

7. **HOW DID YOU LEARN OF THIS POSITION?** (check one):

\_\_\_\_\_ Position announcement posted internally

\_\_\_\_\_ Personal contact.

\_\_\_\_\_ Notice at employer/school. (Name: \_\_\_\_\_)

\_\_\_\_\_ Newspaper announcement. (Newspaper: \_\_\_\_\_)

\_\_\_\_\_ Other ( \_\_\_\_\_ )

# WACOSA Driver Selection Requirements

WACOSA places a strong emphasis on community integration for our clients. We also have daily commitments to provide contracted services and daily transportation for our clients. For these reasons, driving is considered an essential job function for all regular Program Staff as well as numerous support positions.

Determination of an acceptable driving record is based upon the insurance carrier's recommendations and WACOSA's review of a driver's record. A Driving Eligibility Committee composed of the Program Director, Human Resources Director, and Transportation Coordinator will review all driving incidents to determine future driving eligibility of employees. An employee is qualified to drive WACOSA vehicles if she/he:

- Can certify that she/he is not subject to any disqualification, suspension, revocations, or cancellation and that she/he does not have a driver's license from more than one state or jurisdiction
- Is at least 20 years old
- Can pass a driving skills test with the transportation coordinator
- Has an acceptable accident/violation history

Based on our insurance carrier's recommendations, a driving history is unacceptable if one or more of the following exists during the most recent three-year period:

- DWI/DUI
- Reckless Driving
- Suspended License
- Speeding 25 MPH, or more, above the speed limit
- Drug Offense
- Hit Run/Leaving the scene of an accident
- Two or more at-fault accidents
- Three or more moving violations
- Less than 3 years of driving experience

It is the employee's responsibility to notify WACOSA if he/she feels there may be a reason why they are no longer eligible to drive for WACOSA.

I understand that if I am hired, my driving record will be checked by WACOSA's insurance carrier. I understand that if my driving record check indicates an unacceptable driving history, or if my record should become unacceptable at any time, my employment with WACOSA may be terminated due to being unable to perform an essential job function.

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SIGNATURE

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DATE

**ACKNOWLEDGEMENT OF EMPLOYER'S RIGHT  
AND NEED FOR MVR INFORMATION**

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

The undersigned understands that WACOSA must comply with statutory insurance requirements as they pertain to its' employees driving WACOSA's vehicles and/or use of WACOSA's vehicles on the job. By the signature below, the individual acknowledges and agrees that WACOSA is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from the employee and/or third parties, including insurance carriers and agents. If information received on the report indicates the applicant/employee does not meet WACOSA's Driver Selection Requirements, job offers will be rescinded or modified, or employee work status will be modified based on the ability of the employee to complete the essential functions of their job.

Employer and employees understand that use of these records is limited to employer's obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records as herein specified.

Driver's License # \_\_\_\_\_

State of Issue \_\_\_\_\_

Date of Birth \_\_\_\_\_

This form authorizes WACOSA to check my Motor Vehicle Record as a condition of employment and periodically as an employee without further consent. This authorization expires upon termination of my employment.

Signature of Employee \_\_\_\_\_