



APPLICATION FOR EMPLOYMENT

PERSONAL

Name _____ Date _____
Last First Middle

Current address _____ Telephone No. _____
Street City State Zip

Permanent address _____ Telephone No. _____
Street City State Zip

E-mail address (optional) _____

Referral source: Advertisement _____ Friend _____ Relative _____ Walk-in _____ Other _____

Are you legally eligible for employment in the USA? _____ Are you 18 years of age or older? [] Yes [] No

Position(s) applied for _____ Would you work full time? _____ Part time? _____

What is your expected pay rate? _____

If your application is considered favorably, on what date will you be available? _____

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work in our organization?

What are your immediate work objectives and how does Metro Legal Services fit in?

RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL	_____		9 10 11 12	[] Yes [] No	

COLLEGE	_____		1 2 3 4	[] Yes [] No	

OTHER-SPECIFY	_____		1 2 3 4	[] Yes [] No	

EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent.

Name, Address and Type Of Business	From		To		Describe the Work You Did	Beginning & Ending Wage/ Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Telephone:								

Name, Address and Type Of Business	From		To		Describe the Work You Did	Beginning & Ending Wage/ Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Telephone:								

Name, Address and Type Of Business	From		To		Describe the Work You Did	Beginning & Ending Wage/ Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Telephone:								

Name, Address and Type Of Business	From		To		Describe the Work You Did	Beginning & Ending Wage/ Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Telephone:								

Are you currently employed? _____ Have you ever been terminated or asked to resign? _____

May we contact the employers listed above? _____ If not, indicate the one(s) you do not wish us to contact.

PERSONAL REFERENCES
(NOT FORMER EMPLOYERS OR RELATIVES)

NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch _____

Dates of duty: _____

If you are applying for a driving position, please answer all the questions on this page. If you are not applying for a driving position, proceed to the next page.

Discrimination based on race, color, creed, religion, national origin, sex, marital status, affectional orientation, age, disability, or status with regard to public assistance is prohibited by law. Many of the following questions are necessary in order for Metro Legal to comply with State and Federal laws governing its Courier Services Permit.

Do you have a valid driver's license to operate a motor vehicle in the State of Minnesota? _____

List the state, number and expiration date of any driver's license(s) that has been issued to you: _____

Do you own a dependable, insured auto for use on the job? _____

Please indicate make, model and year of your vehicle: _____

State the nature and extent of your experience in the operation of motor vehicles indicating the type of equipment you have operated:

What is the name of your automobile insurance company and your policy number?

What is the extent of your insurance coverage. Please be specific with regard to limits with regard to bodily injury, property damage and the related deductibility amounts:

If you are applying for a driving position, any offer of employment is conditional on your successfully completing a physical examination that will also include a drug and alcohol test.

Pursuant to Minnesota Statute 364.021(c), please be advised that Metro Legal Services policy disqualifies from employment as a driver any applicant who has, during the past five years, been convicted (including by entry of a plea) of any major moving violation relating to the operation of a motor vehicle, or who has had their license, permit, or privilege to operate a motor vehicle denied, suspended or revoked. In addition, Metro Legal Services policy disqualifies from employment as a driver any applicant who has, during the past five years, been convicted of two moving violations relating to the operation of a motor vehicle or, during the past three years, been convicted of any moving violation relating to the operation of a motor vehicle, other than parking offenses.

Please be advised that employment with Metro Legal Services in non-administrative positions requires the employee to sign, before starting employment, an Employment Agreement that includes a provision prohibiting the employee from engaging in employment that competes with Metro Legal, within a 50-mile radius of Metro Legal's Minneapolis office, during employment and for a period of one year after termination, regardless of the reason for termination or whether the termination is voluntary or involuntary.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through any agency of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I understand and agree that if I am hired, my employment is for no definite period and that either the company or I may terminate my employment for any or no reason.

Signature of Applicant

FOR INTERVIEWER USE ONLY:

Comments:

Hired? _____ Position _____ Office _____

Salary/Wage _____ Date reporting to work _____

Signature of Interviewer

Date

Schedule Worksheet

Date _____

Name: _____ Phone: _____

Current Address: _____

This worksheet is used to determine your work schedule. It asks you to indicate how much you would like to work and when you are available.

Your work schedule will be set up around "shifts" that average about 4 hours in length. Your shift may begin at any time throughout the day, depending on your availability, and you may work two "shifts" per day.

Number of weekly "shifts" (approx. 4 hours) desired: _____ Min. _____ Max.

Number of weekly hours desired: _____ Min. _____ Max.

Below, please list all classes, extra-curricular activities, other jobs, and obligations. Be complete, and indicate the extra times class or other job, etc., begin and end. Also specify the type of commitment (i.e., class, basketball, job).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 a.m.						
9:00 a.m.						
10:00 a.m.						
11:00 a.m.						
12:00 p.m.						
1:00 p.m.						
2:00 p.m.						
3:00 p.m.						
4:00 p.m.						
5:00 p.m.						
6:00 p.m.						
7:00 p.m.						
8:00 p.m.						
Evening						

How long can you commit yourself to the schedule you've indicated above?

From: _____ Until: _____