



Parents In Community Action, Inc. (PICA)
 700 Humboldt Avenue North
 Minneapolis, MN 55411
 (612) 377-7422

Employment Application

PERSONAL

Date _____

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Are you 16 or older? Yes No

Are you presently employed? Yes No If yes, part time full time

Job applied for: _____

How did you hear of this position at PICA? (check one)

- Advertisement/Publication Publication Name _____
- Employment agency
- Open house
- Walk-in
- From an employee Employee Name _____
- Other _____

Have you worked for us before? Yes No If yes, when? _____

If hired, on what date will you be available to start work? _____

AUTHORIZATION FOR RELEASE OF DRIVING RECORD

****This section required for Driver applications****

Please provide driver's license number, class, date of birth and name of insurer:

Have you had any moving violations in the past five (5) years? Yes No

I hereby authorize the release of my Motor Vehicle Record (MVR) to Parents In Community Action, Inc. The MVR details my driving history including, but not limited to, violations, suspension or cancellation of my license, and other pertinent information about my driving performance.

This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

_____ Signature _____ Date _____

BACKGROUND STUDY INFORMATION

Have you ever been under investigation or arrested or convicted of child abuse or neglect or sexual or physical violence against another person? Yes No

Have you ever been **convicted** of a crime, excluding misdemeanors? Yes No

If yes, describe in full: _____

EDUCATIONDid you graduate from High School or receive a GED? Yes No

High School attended and location: _____

How many years of education have you had? (Circle one) 7 8 9 10 11 12 13 14 15 16 Other

1	Name of Institution	From	To	Major/Minor	Hours Completed
	Address		Cert./Degree		Date Rec'd
2	Name of Institution	From	To	Major/Minor	Hours Completed
	Address		Cert./Degree		Date Rec'd
3	Name of Institution	From	To	Major/Minor	Hours Completed
	Address		Cert./Degree		Date Rec'd

PRIOR WORK HISTORY (List in order, last or present Employer first. **Please include phone numbers.**)

1	Last or Present Employer	Telephone
	Address	Dates Employed (Month and Year) From: To:
	Supervisor's Name and Title	Rate of Pay Start: Last:
	Your Job Title	Reason for Leaving
	Describe your work	
2	Last or Present Employer	Telephone
	Address	Dates Employed (Month and Year) From: To:
	Supervisor's Name and Title	Rate of Pay Start: Last:
	Your Job Title	Reason for Leaving
	Describe your work	
3	Last or Present Employer	Telephone
	Address	Dates Employed (Month and Year) From: To:
	Supervisor's Name and Title	Rate of Pay Start: Last:
	Your Job Title	Reason for Leaving
	Describe your work	

Person to be notified in case of accident or emergency

Name _____ Phone Number _____

Relationship to you _____

Address _____ City/Zip _____

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for immediate dismissal.

In addition, I give Parents In Community Action, Inc. my permission to contact any job/personal references listed in this application.

Signature of Applicant

Optional Application Data Record

We are asking you to take a moment to complete this to help us meet our Affirmative Action plan requirements.

Parents In Community Action, Inc. supports equal employment opportunity and does not discriminate on the basis of an individual's protected class status including race, color, creed, religion, ancestry, national origin, sex, sexual orientation, disability, age, marital status, family status, veteran status, gender identity, or status with regard to public assistance.

The information requested in the questions below will not affect your status as an applicant. This information will be used to meet Federal reporting requirements and will help us to determine if our recruitment efforts are reaching all segments of the community thereby ensuring Equal Employment Opportunity.

We appreciate your assistance in helping us in our goals to be affirmative in our hiring processes by completing this form.

Affirmative Action Survey (Please print)

Date _____

Name: _____

Position(s) applied for: _____

How were you referred to us: _____

Some government/funding agencies require periodic reports on the sex, ethnicity, disability and veteran status of applications. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One: Male Female

Check the following Race/Ethnic groups:

- American Indian/Alaskan Native
- Asian, not Hispanic or Latino
- Black
- Caucasian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino
- Two or More Races, not Hispanic or Latino
- Other: _____

(Please Print)

Please List Language(s) you speak: _____

(Please Print)

Check one of the following Age Groups: 16-25 26-39 40-55 56 and over

Are you a person with disabilities? Yes

U.S. Citizen: Yes No If not, are you eligible to work in the U.S.? Yes No
Can you provide documentation? Yes No

This Data will be kept confidential and filed separate from the Application for Employment • 11/2017