



Lighthouse Lodge

3217 Johnson Street Bemidji, MN 56601

Bryan & Shelly Edwards, Owners

(218) 444-1927

APPLICATION FOR EMPLOYMENT
PRE-EMPLOYER QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST NAME MIDDLE INITIAL)		SOCIAL SECURITY NO. ____ - ____ - ____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
PHONE NO. () () ()	CELL PHONE NO. () () ()	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL		YES OR NO	
HIGH SCHOOL		YES OR NO	
COLLEGE		YES OR NO	
TRADE, BUSINESS, CORRESPONDENCE SCHOOL		YES OR NO	

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESERCH WORK OR SPECIAL TRAINING/SKILLS	
<i>A place to call home.</i>	
U.S. MILITARY OR NAVAL SREVICE	RANK
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR

Name	Address and Phone Number	Business/Relationship	Years Known
1.			
2.			
3.			

AUTHORIZATION

"I certify that the facts contained on this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____



Background Study Information Sheet

"A place to call home." **Please Print Legibly**

Full Name: _____
(First, *Middle, Last)

DOB: _____ (mm/dd/yyyy) Gender: Male / Female

*MN DL# / State ID#: _____
(If not MN please signify where)

*Race: _____ *SSN: _____ *Phone: _____

Address: _____

State: _____ City: _____ Zip: _____

Other/Previous Names

- 1. First _____
- 2. First _____

- 1. Last _____
- 2. Last _____
- 3. Last _____
- 4. Last _____
- 5. Last _____

If marked with an asterisk (*) it is optional

Privacy Notice:

MINNESOTA DEPARTMENT OF HUMAN SERVICES LICENSED FACILITIES EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES, PROFESSIONAL SERVICES AGENCIES
BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, chapter 245C, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals providing direct contact services to people receiving services from facilities and agencies licensed by DHS. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
4. Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.
5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

09/2003



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MOTOR VEHICLE RECORDS REPORT AUTHORIZATION FORM

I hereby authorize Insure Forward, on behalf of Lighthouse Lodge Inc., to run a Motor Vehicle Records Report to review my driving record for purposes of being covered by Lighthouse Lodge to drive Lighthouse Lodge-owned or —rented motor vehicles on official Lighthouse Lodge business purposes.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY DRIVER

The Following Information Is True And Correct To The Best Of My Knowledge And Will Be Used For Background Screening Purposes Only.
Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.

Last Name		First Name		Middle Name		Current Address		Apt.		City		St.		zip	
Date of Birth (mm/dd/yyyy)		Social Security No.		St.		Driver's License No.									