

**MINNESOTA INDIAN PRIMARY
RESIDENTIAL TREATMENT CENTER, INC.**

**MASH-KA-WISEN
THUNDERBIRD/WREN**



**APPLICATION
FOR
EMPLOYMENT**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

KIND OF WORK APPLYING FOR: _____

DO YOU PREFER: FULL TIME EMPLOYMENT () PART TIME EMPLOYMENT ()

DO YOU PREFER: DAY SHIFT () EVENING SHIFT () NIGHT SHIFT ()

NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE (HOME) _____ BUSINESS PHONE _____

AVAILABLE DATE FOR EMPLOYMENT _____

IF EMPLOYED, MAY WE REFER TO YOUR EMPLOYER () YES () NO

TRIBAL AFFILIATION _____

WHERE ARE YOU ENROLLED? _____

EDUCATION:

NAME OF HIGH SCHOOL _____

NUMBER OF YEARS COMPLETED _____ GED COMPLETED _____ DIPLOMA _____

COLLEGE:

NAME: _____ YEARS COMPLETED _____

ADDRESS _____ MAJOR _____ DEGREE _____

OTHER

NAME: _____ YEARS COMPLETED _____

ADDRESS _____ MAJOR _____ DEGREE _____

DESCRIBE OTHER TRAINING, EDUCATION, OR SUBJECTS OF SPECIAL STUDY OR RESEARCH INCLUDING ANY PREVIOUS EXPERIENCE IN THE FIELD OF CHEMICAL DEPENDENCY:

PREVIOUS EMPLOYMENT RECORD BEGINNING WITH THE MOST RECENT POSITION

DATES FROM TO		NAME & ADDRESS OF EMPLOYER	RATE OF PAY START FINISH		SUPERVISORS NAME & TITLE	REASON FOR LEAVING

YOUR TITLE: _____

PART TIME () FULL TIME ()

LIST JOB DUTIES BEGINNING WITH MAJOR TASKS: _____

DATES FROM TO		NAME & ADDRESS OF EMPLOYER	RATE OF PAY START FINISH		SUPERVISORS NAME & TITLE	REASON FOR LEAVING

YOUR TITLE: _____

PART TIME () FULL TIME ()

LIST JOB DUTIES BEGINNING WITH MAJOR TASKS: _____

MAY WE CONTACT THE EMPLOYERS PREVIOUSLY LISTED? _____ IF NOT, PLEASE INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT

REFERENCES: PLEASE LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. WE MAY CONTACT ONE OR MORE OF THESE PEOPLE IN OUR REFERENCE CHECKING PROCEDURE.

<u>NAME</u> <u>ACQUAINTED</u>	<u>ADDRESS & PHONE#</u>	<u>OCCUPATION</u>	<u>YEARS</u>
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IF YOU ARE CHEMICALLY DEPENDENT, PLEASE SUBSTANTIATE YOUR LENGTH OF SOBRIETY WITH THREE LETTERS OF REFERENCE.

IS THERE ANY OTHER INFORMATION WHICH YOU FEEL WE SHOULD HAVE IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT?

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW (S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF APPLICANT

DATE

NO QUESTION ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT BECAUSE OF HIS/HER RACE, COLOR, SEX, AGE, HANDICAP, DISABILITY, OR NATIONAL ORIGIN.

PLEASE RETURN TO:

PERSONNEL DEPARTMENT
MASH-KA-WISEN TREATMENT CENTER
P.O. BOX 66
SAWYER, MINNESOTA 55780