



Last Name: _____
Position Title: _____
Date Received: _____

SIMPSON HOUSING SERVICES, INC.

2100 Pillsbury Avenue South
Minneapolis, MN 55404
Phone: (612) 874-8683 Fax: (612) 879-0041
www.simpsonhousing.org

Position applying for _____

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #

City State ZIP Code
Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Do you have a valid driver's license? *(May be required for some positions)* YES NO

Do you have your own vehicle? *(May be required for some positions)* YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?

Are you able to provide proof that you are at least 18 years of age? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____

Education

High School: _____ Address: _____
Major: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
Major: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
Major: _____ Did you graduate? YES NO Degree: _____

Previous Employment – Please include the past 5 years.

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

OTHER QUALIFICATIONS: *(Please list any certifications, language skills, or other qualifications)*

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address:

Disclaimer and Signature

I have certified that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated. I authorize investigation of all statements contained in this application.

I understand that any offer of employment by this agency is contingent upon . . .

- 1. my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States*
- 2. successful completion of any pre-employment background investigations that may be required by this employee*
- 3. poof of a valid drivers license and a satisfactory driving record for those positions involving driving a motor vehicle, and*
- 4. meeting the physical requirements of the position, with or without accommodation.*

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. I understand that the agency has the right to terminate my employment at any time and for any reason not prohibited by law.

By checking this box, I hereby acknowledge that I have read and understand the foregoing.

Signature: _____ Date: _____



Simpson Housing Services, Inc.

EQUAL EMPLOYMENT OPPORTUNITY FORM

Applicant Information

Full Name: _____
Last *First* *M.I.*

Position Applied for: _____

Voluntary Information

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your race or ethnicity, sex, and disability status. Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and for no other purpose. **This information is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner. When we receive this information, it will be maintained in a **confidential area separate from your application.**

1. Racial or Ethnic Group

- 1.a. **Hispanic or Latino**, defined as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race (please skip to question 2.)
- Not Hispanic or Latino** (please also answer question 1b below).
- 1.b. **White**, defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black of African American**, defined as a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander**, defined as having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian**, defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native**, defined as a person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- Two or more races**, defined as all persons who identify with more than one of the above five races.

2. Sex. Select one.

- Female Male

3. Disability. Are you a person with a disability?

- No Yes

4. How did you hear about this position?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> MCN website | <input type="checkbox"/> SHS Employee | <input type="checkbox"/> SHS website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Professional Publication | <input type="checkbox"/> Other website: _____ |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Other: _____ |