

# Metro Social Services, Inc

345 University Avenue West, Suite A  
 St Paul, MN 55114  
 Office 651-647-0647 Fax 651-647-1075

## Application for Employment

### Personal Information

			Date of Application	
Last Name	First	MI	Date of Birth	
Street Address		Social Security Number		
City		State	Zip Code	
Telephone Number (include area code)		Driver's License Number		
How were you referred to MSSSI? (Circle only one)				
College	Newspaper	Internet	Employment Agency	MSSSI Employee (please print name)
Other (please explain):				

**Please read carefully before starting.** List all employment starting with **present** or **most recent** employer. Account for all periods, including unemployment.

### Employment History

Employer		Describe Major Duties:		
Address				
City	State	ZIP		
Supervisor		Phone	May we contact this person? Yes / No	
Starting	Salary	Dates Worked From	Reason for Leaving	
Final		To		

Employer		Describe Major Duties:		
Address				
City	State	ZIP		
Supervisor		Phone	May we contact this person? Yes / No	
Starting	Salary	Dates Worked From	Reason for Leaving	
Final		To		

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Address			
City                      State                      ZIP			
Supervisor	Phone	May we contact this person? Yes / No	
Starting                      Salary	Dates Worked From	Reason for Leaving	
Final	To		

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Address			
City                      State                      ZIP			
Supervisor	Phone	May we contact this person? Yes / No	
Starting                      Salary	Dates Worked From	Reason for Leaving	
Final	To		

### Educational History

Circle Highest Grade Completed in each school category:

High School Tech School College Graduate School  9 10 11 12 12 1 2 3 4 1 2 3 4			
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	Name	Location	Degree Earned
High School			
College			
Graduate School			
Business, Technical, Military or Vocational School			

## Military Record

Were you in the US Armed forces? Yes No	If yes, what branch?
Date Discharged:	Final Rank:
If military experience was not listed in the Employment History section, provide information below:	

## Please answer the following questions:

Are you 18 years old or over?	Yes	No
Have you been convicted of a misdemeanor or felony? If yes, state facts and penalty:	Yes	No
Have you ever been discharged from any position? If yes, state circumstances:	Yes	No
Do you have any friends or family who work for MSSSI? If yes, please write their name and state your relationship to that person:	Yes	No

## Special Skills

Computer skills, including software used:
Please list other skills and/or equipment/language experience you have:
Please list training/courses you have received related to the position you are applying for:

## Volunteer Activities/Outside Activities

List any volunteer, civic, or professional activities in which you have participated (exclude groups which indicate race, color, religion, sex, national origin, age, or disability status).

## Professional References

List three people who have worked with you and are familiar with your professional skills and abilities. Please do not include friends or relatives. Incomplete information may delay the processing of your application.

Name	Relationship to You	Job Title	Company	Phone Number
May we contact your present employer?    Yes    No				

## Job Interest

Wage or Salary Desired: \$	Date Available for Employment:
Position(s) for which you are interested in:	

## Personal Data

If hired, can you provide proof of right to legally work in the United States?	Yes	No
Why would you like to work for MSSSI?		

PLEASE READ THIS CAREFULLY BEFORE SIGNING:

### Applicant Acknowledgment

I understand that MSSSI (hereinafter referred to as “the Company”) requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore I authorize the Company to investigate my past employment, educational credentials and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the Company from all Liability or responsibility with respect to information supplied.

I agree that the Company may use the information it obtains concerning me in the conduct of its business, I understand that such use may include disclosure outside the Company in those cases where its agents and contractors need such information to perform their functions where their company’s legal interests and/or obligations are involved,, or where there is a medical emergency involving me. I agree that all equipment, notebooks, documents, files, books and other materials which I may prepare, use or possess during the course of my employment are the Company’s property and may not be taken with me or used after I leave.

*I understand that nothing contained in this employment application or in the granting of an interview, and no company policies, procedures, or handbooks that I might receive, are intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. I understand that any employment with the company would not be for any fixed period of time and that, if employed, I may resign at any time with or without cause or the company may terminate my employment at any time with or without cause. Any modification of this at-will employment relationship must be pursuant to a written contract signed by the president.*

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigation will be sufficient grounds for immediate discharge if I am employed.

My signature below acknowledges my agreement to take any physical examinations that the Company may require, including testing for illegal or unauthorized substances. I understand that any offer of employment is contingent upon successfully passing the examination requirements and agreeing to take future physical exams, including drug screening, which the Company may require for the health and safety of its clients, employees and property.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date