

Metro Social Services, Inc

345 University Avenue West, Suite A
 St Paul, MN 55103
 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		
Email				
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	Reason for Leaving	
Final		From		
		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	

Employer	Describe Major Duties:
Address	
City State ZIP	

Supervisor	Phone	May we contact this person? Yes / No
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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
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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

	Name	Location	Degree Earned
High School			
College			
Graduate School			
Business, Technical, Military or Vocational School			

License obtained (list license)	
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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

Employee Availability Form

Position _____

Date _____

Employee Name (Print) _____

Employee Signature _____

Instructions:

For new team members, this form should be completed before the team member is added to the schedule. After that it should be updated any time the team member's availability changes. To complete the form, record the times you are available to work for each day of the week. If you have no restrictions for a specific day, record "no restrictions." If you cannot work on a specific day, record "no availability."

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Metro Social Services, Inc
Background Study Form**

Background studies are done through MN Department of Human Services.

Current Name: First Name _____
(Must match ID) Middle Name _____
Last Name _____

Other First Names you have used: _____

Other Last Names you have used: _____

Birth date (mm/dd/yyyy): _____ Eye Color: _____
Social Security Number: _____ Hair Color: _____
Place of Birth: Country/State _____ Height: _____
Weight: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you resided in Minnesota during the previous 5 years? Yes or No (circle one)

Previous address if less than 5 years in Minnesota:

City: _____ State: _____ From: _____ To: _____

MN Driver's License/MN State ID (if any):

_____ Expiration date: _____

Telephone: _____

Gender: _____ Male _____ Female

Race (optional): _____ Asian _____ Unknown/other
_____ Pac. Islander _____ Caucasian
_____ Black _____ Native American

Privacy Notice:

PERSONAL CARE PROVIDER ORGANIZATIONS
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, section 256B.0627, requires the Minnesota Department of Human Services (DHS) to conduct background studies on all managerial officials and owners with 5% interest or more in a personal care provider organization, and all personal care assistants and other employees providing direct contact services for non-licensed personal care provider organizations. 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 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 are found to have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Disqualifications of owners and managerial officials will result in denial or termination enrollment in the Medical Assistance program, unless the disqualification is set aside as provided in Minnesota Statutes, chapter 245C. 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 form 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, 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.

Applicant Name (Printed)

Applicant Signature

Date



Minnesota Department of **Human Services**

FINGERPRINT AND PHOTO INFORMATION FOR DHS BACKGROUND STUDY SUBJECTS

Why am I required to have a background study?

State law requires that people who will provide services to children and vulnerable adults, in certain health and human service and child care settings, have a background study completed by the Minnesota Department of Human Services (DHS).

Are fingerprints and a photograph required?

Yes. State law passed in 2014 requires background study subjects to be fingerprinted and photographed. Fingerprint-based background studies will result in faster and more accurate background study determinations.

What information do I have to provide?

You must provide your full name and any prior names, including names and aliases by which you previously have been known. You also must provide your date of birth, address, sex, eye color and hair color, height, weight, and place of birth. You do not have to provide your Social Security number (SSN) unless you want your background study determination to be available to another entity in the future. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study.

Why do I have to provide so much personal information?

The information is required by the Minnesota Bureau of Criminal Apprehension (BCA) and the FBI to complete a fingerprint-based background study.

How will my photograph be used?

Your photo will be used to verify your identity; it stays in the DHS system. It will be available to the entity that submitted your background study request to prove that you were the person who was fingerprinted. It will also be available to entities to which you give permission to view your background study determination.

Can a background study from another agency be used in place of the DHS study?

No. Background studies completed either for or by another agency cannot be used in place of a DHS background study. DHS background studies include reviews of county and state child and vulnerable adult maltreatment determinations and Minnesota Court Information System records.

Can I submit fingerprints from another agency for my DHS background study?

No. Fingerprints recorded by any other sources cannot be used for your DHS background study. Your fingerprints and photo must be taken at a DHS authorized location. The locations are operated by 3M Cogent (<http://www.cogentid.com>).

Is there a time limit for being fingerprinted and photographed?

You have up to 14 calendar days from the day your background study request was submitted by an entity. The deadline will be printed on the fingerprint authorization form which will be given to you by the entity that submitted your background study request.

Do I have to be fingerprinted again?

In most cases, you will only be required to be fingerprinted once if you choose to provide your SSN. Future employers will be able to view your background study determination if you give them your SSN. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study.

Where can I find more information?

You can find more information on the DHS Background Study website by going to <http://www.mn.gov/dhs> and selecting General Public > Office of Inspector General > Background Studies. You can find more information about fingerprint and photo service locations at <http://www.cogentid.com>.



BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

Why is DHS asking me for my private information?

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

How will I be notified that a background study was submitted on me?

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

What information must I provide to complete the background study?

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

How will the information that I give be used?

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

What if I refuse to provide the information?

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

Who will DHS give my information to?

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

What information will DHS share with the entity that requested my background study?

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

What other entities might DHS share information with?

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.



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