

BROWN COUNTY EVALUATION CENTER, INC.
PO BOX 642 • 510 N. Front Street, NEW ULM, MN 56073-0642

DETOX

Phone: (507) 359-9111

Fax: (507) 359-7726

BUSINESS OFFICE

(507) 359-2749

(507) 354-7706

APPLICATION FOR EMPLOYMENT

Please fill out form completely for employment consideration as background checks are a necessary part of employment. You can fax or mail when completed. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

| Personal Information | | | |
|---|---------------------------|--|-------------------|
| Last Name | First | Middle | Date: |
| Present Address | | | |
| Permanent Address | | | |
| Maiden and/or All Other Previous Names Ever Used | | Referred By | |
| Phone #'s | | Are you over 18 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Social Security # | Date of Birth | Driver's License # & State | |
| Do you have any driving violations or been convicted of a crime in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please describe in full. | | | |
| General Information | | | |
| Position Desired | | Date you can start | |
| Have you every applied to this company before <input type="checkbox"/> Yes <input type="checkbox"/> No | | Salary Desired | |
| Are you legally eligible for employment in this county <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you currently employed <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| To comply with Minnesota Licensing, a background check will be initiated, which will include Race/Ethnic Group (optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other | | | |
| Education | | | |
| | Name & Location of School | Years Attended | Did you Graduate |
| College | | | Degree or Diploma |
| High School | | | |
| Other | | | |

Employment History

List below the last four employers, starting with the 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 known at least one year

| Name | Address/Phone # | Business | Years Known |
|------|-----------------|----------|-------------|
| | | | |
| | | | |
| | | | |

Additional Information

List any additional information you would like us to consider (example First Aid or CPR Trained)

| | |
|---|--|
| Are you willing to work any shift or any day of the week? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Are you willing to work every other weekend and every other major holiday? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Do you understand that you may be required to wear specific clothing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Do you understand that you may be subject to harassment and verbal abuse or threats from patients? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Would you be able to set aside any personal prejudices, be fair, and non-judgmental when dealing the patients regardless of their crime, habits, and/or background? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Would you be willing to work in a setting where vacations or requested days off may be restricted based on staff availability? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Are you willing to transport patient's off-grounds with the facility's car? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

Authorization

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and with prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|