

# Application for Employment

Northwest Youth & Family Services (NYFS) appreciates your interest in our organization and wishes to assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the appropriate position that best meets your qualifications. If you need help filling out this application form, or understanding the selection process, please contact Human Resources and every effort will be made to accommodate your needs.

## PERSONAL INFORMATION

(Please print clearly)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

TELEPHONE: (Home) (\_\_\_\_\_) SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

TELEPHONE: (Work) (\_\_\_\_\_) TELEPHONE: (Cell) (\_\_\_\_\_) \_\_\_\_\_

Are you authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Positions applying for: _____ Desired rate of pay \$ _____	
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Part-time	
If part-time, what days & hours are you available? _____	
Have you worked for NYFS before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____
If you were offered employment, what date would you be available to start? _____	
Are there any other experiences, skills, or training that you feel qualifies you to work in this position with our organization?	
_____	
_____	
_____	

**WORK HISTORY**

**Please list present and/or past employment positions, beginning with your most recent.**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Supervisor or contact person: \_\_\_\_\_

From	To	Title of your position	Reason for leaving
___/___	___/___		

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Supervisor or contact person: \_\_\_\_\_

From	To	Title of your position	Reason for leaving
___/___	___/___		

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: ( ) \_\_\_\_\_ Supervisor or contact person: \_\_\_\_\_

From	To	Title of your position	Reason for leaving
___/___	___/___		

**Note:** If there is a particular employer you do not want us to contact, please indicate above.

**MILITARY SERVICE**

Were you in the U.S. Armed Services?  Yes  No      If yes, what Branch? \_\_\_\_\_

Dates of service: From: \_\_\_/\_\_\_ To: \_\_\_/\_\_\_      Rank at discharge? \_\_\_\_\_

List duties in the service, including special training \_\_\_\_\_

**EDUCATION HISTORY**

Level	School name, city & state	Year Graduated	Degree
High School			
College			
Other (Specify)			

**MEMBERSHIPS – PROFESSIONAL & CIVIC ORGANIZATIONS**  
**(Exclude those that may disclose your race, color, religion or national origin)**


**REFERENCES**  
**(Exclude relatives or friends)**

Name, Relationship & Occupation	Address:	Telephone #:

**PLEASE READ AND SIGN BELOW**

**APPLICANT'S STATEMENT**

I understand that Northwest Youth & Family Services follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President/CEO of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that Northwest Youth & Family Services will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current and/or other employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

\_\_\_\_\_  
**Applicant's Signature:**

\_\_\_\_\_  
**Date:**

## AFFIRMATIVE ACTION STATEMENT

This is to affirm Northwest Youth & Family Services (NYFS) policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof.

NYFS will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance.

We will take Affirmative Action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. We will provide reasonable accommodation to applicants and employees with disabilities.

NYFS will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these Affirmative Action objectives as well as other established criteria. In addition, all other employees are expected to perform their job responsibilities in a manner that supports equal employment opportunity for all.

I have appointed Ken Pazdernik, CFO to manage the Equal Employment Opportunity Program. This person's responsibilities will include monitoring all Equal Employment Opportunity activities and reporting the effectiveness of this Affirmative Action Program, as required by Federal, State and Local agencies. I will receive and review reports on the progress of the program. Any employee or applicant may inspect our Affirmative Action Program during normal business hours by contacting the EEO Coordinator.

If any employee or applicant for employment believes he or she has been treated in a way that violates this policy, they should contact either Ken Pazdernik at 3490 Lexington Avenue North, Shoreview, MN 55126 or any other representative of management, including me. Responsible parties will investigate allegations of discrimination or harassment as confidentially and promptly as possible, and we will take appropriate action in response to these investigations.

Jerry Hromatka  
President/CEO



## Affirmative Action Information Form

As a government contractor, we support affirmative action programs. In compliance with government regulations, we are required to record the number of applications received by age and sex and to report these totals to the appropriate government agencies.

Please indicate your race or national origin, date of birth, and sex. This information will not be kept with your application and will be used only in accordance with the state and federal regulations.

**DO NOT WRITE YOUR NAME ON THIS FORM.**

You are not required to complete this form. Your application will be considered in the same manner whether this form is completed or not.

Position Applying for: \_\_\_\_\_

Date of Application/Interview: \_\_\_\_\_

Male  Female

American Indian

Asian

Black/African American

Hispanic

Non-minority

Other (please specify) \_\_\_\_\_

Date of birth: \_\_\_\_\_

## **NON-DISCLOSURE AGREEMENT**

*For Employees Who Access Client Data*

In your employment with Northwest Youth & Family Services (NYFS), your duties may require you to work with records containing private or confidential data/information or be given special access to work areas, computer files, or proprietary material. Law, policy, or agreements regarding disclosure both at work and outside of the office protect this data, access, or ownership. The following sections are intended to acquaint you with the nature of these restrictions and to confirm your understanding of these provisions. Your signature records your agreement to honor these requirements.

### **DATA PRIVACY AND CONFIDENTIALITY RESPONSIBILITIES**

In the course of my employment with NYFS, I may be working with and acquire information about other persons from recipient eligibility files, claims for medical services, and other records which are private and /or confidential data. Under Minnesota law, data on mental health and diversion clients is private and may only be shared or disclosed as provided in the law. I will refer all inquiries to my supervisor unless I have clear written authority from my supervisor to provide any such information to anyone other than employees of NYFS who need such information to administer programs.

Minnesota Statutes, Section 13.01-13.90 provides for employee disciplinary action and criminal penalties for unlawful disclosure or sharing of private data. Disclosing data includes using information obtained in connection with my employment in any manner different from the scope of my specified duties.

I will not remove recipient/client or medical provider data from the premises except as is necessary to administer the program with which I am working, and only with my supervisor's permission.

### **PHYSICAL ACCESS**

If I have possession of keys, badge, or other security devices by NYFS, I am authorized to use the device only in the course of my employment with NYFS. I understand that any keys or other security devices issued to me are for my use only and that I may not allow anyone else to use or duplicate them.

I will surrender any security devices to me immediately upon separation from employment with NYFS.

I will notify my supervisor when I lose any security device or have reason to believe that any security device or method has been improperly used.

### **STATEMENT OF UNDERSTANDING**

I hereby acknowledge that I have read and understand the conditions stated above and will comply with these conditions. I further understand that violation of the conditions shall make me subject to disciplinary action by my employer as well as prosecution under the provisions of Minnesota Statutes, Section 13.01-13.90 and MSA 290.61 relating to data privacy.

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*Employee*

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*Date*



## Disclosure and Release Form for the FAIR CREDIT REPORTING ACT

### **Disclosure of Intent to Obtain Consumer Reports or Investigative Consumer Reports**

For employment purposes, Northwest Youth & Family Services (NYFS) may obtain consumer reports, or investigative consumer reports, in connection with your employment application or from time to time during employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations (for example, reference checks) conducted by consumer reporting agencies through personal interviews on information as to character, general reputation, personal characteristics, or mode of living. A Summary of Consumer Rights is attached. A disclosure of the nature and scope of such investigation is provided below.

### **Disclosure of Nature and Scope of Investigation for Investigative Consumer Report**

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation:

The agency will interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living.

The agency will also conduct a records check of driving, criminal, credit, education, degrees, professional licenses, and/or certification records depending on the position.

## **AUTHORIZATION**

I authorize NYFS to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Summary of Your FCRA Rights**

Because your credit report contains private information about you, it is important that you know your [legal rights as a consumer](#). The Fair Credit Reporting Act (FCRA) and [state laws](#) restrict who has access to your sensitive credit information and what uses can be made of it.

### ***Your Rights as a Consumer Include:***

- Obtaining a copy of your [credit report](#) (for free, in certain circumstances).
- Knowing who has received a copy of your report or [inquired](#) about it.
- [Disputing inaccurate information](#).
- Having negative information on your report explained.
- "[Opting-Out](#)" to prevent credit agencies from using your information for marketing purposes.
- Contacting the appropriate [government agency](#) or [filing a lawsuit](#)

### ***Information That Can Be Included in Your Credit Report:***

- Your identifying information.
- Your employment/salary information.
- Credit information (applications for credit cards, payment history, etc.).
- Public record information.
- Late payments reported by utility companies, hospitals, landlords and others.
- Overdrawn accounts reported by banks.
- Late credit card, auto loan, mortgage payments reported by banks.
- Delinquent child support payments.
- Debts being collected by collection agencies.

### ***Information that is Not Included:***

- Your race
- Your religion
- Your current health or medical history
- Your driving record
- Your criminal record
- Your political preference
- Notice of bankruptcy (Chapter 11) that is more than 10 years old
- Debts that are more than 7 years old.

When you order a copy of your credit report from a credit reporting agency, it will include information about who has requested a copy of your report or inquired about your file in the last six months. [Inquiries](#) related to [pre-approved offers](#), as well as inquiries you make yourself, are not available to credit grantors, but are included in the credit reports you order for yourself.

### ***Who Can Access Credit Reports?***

Anyone with an FCRA permissible purpose, such as:

- Potential lenders
- Landlords
- Insurance companies
- Employers & potential employers (usually only with your written consent)
- Companies with which you have a credit account for account monitoring purposes
- Entities considering your application for a government license or benefit (if the agency must consider your financial status)
- A state or local child support enforcement agency

- Any government agency (name, address, former addresses, current & former employees)
- Someone to whom you have instructed the credit reporting agency to provide a credit report on you.

### ***Correcting Errors***

Both [state and federal laws](#) give you the right to dispute information in your credit file in order to have errors corrected.

To do this:

- Notify the credit reporting agency (CRA) of your [dispute](#) (each CRA has a toll-free number for this purpose).
- The agency then contacts the source of the disputed information and must correct any errors.
- If disputed information on your report cannot be verified, it must be deleted.
- If you disagree with the result of the CRA's investigation, you have the right to submit a 100-word explanation and this explanation must be included in your credit file.
- Check your credit file periodically to see that information that has been removed has not been re-inserted (Deleted information may not be re-inserted into your file unless the agency takes steps to have the source of the information certify that it is complete and accurate).

Contact a credit bureau directly:

Experian National

P.O. Box 9595

Allen, TX 75013-0036 888-397-3742

Trans Union LLC

P.O. Box 1000

Chester, PA 19022 800-888-4213

Equifax

PO Box 740241

Atlanta, GA 30374 800-685-1111

## CONSENT FORM FOR SCREENING INVESTIGATION & SPECIFIC RELEASE

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of **Northwest Youth & Family Services'** (NYFS) review of my application, I hereby voluntarily consent to and authorize NYFS, or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

- Employment Verification, Education Verification, Credentials Verification
- Personal Identity Verifications, Past Employment Verification, Reference Checks
- Criminal Records, Motor Vehicle Records, and Credit Report.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to NYFS or its authorized agents. I hereby release NYFS, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the FCRA.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_ Date of birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Social Security number

\_\_\_\_\_ Drivers license number # and State of issue



From:  
Northwest Youth & Family Services  
Human Resources  
3490 Lexington Avenue North, Suite #205  
Shoreview, MN 55126

To:  
Minnesota Bureau of Criminal Apprehension  
CJIS – Records  
1430 Maryland Avenue East  
St. Paul, MN 55106

(Please print clearly)

**Last Name of Applicant:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle (full):** \_\_\_\_\_

**Maiden, Alias or Former:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_  
(mm/dd/yyyy)

**Social Security Number (Optional):** \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to *Northwest Youth & Family Services* for the purpose of employment as \_\_\_\_\_ with this agency. (position title)

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Full Signature of Applicant (include middle initial)

\_\_\_\_\_  
Date signed

Nonprofit Organization  
**Agency # T514863808**



*(Only need to complete this form if you will be driving clients and/or agency vans)  
(Please attach a copy of your driver's license & current insurance)*

## **Driving Check Request and Release from Liability**

I understand that driving Northwest Youth & Family Services (NYFS) vans or my own vehicle, is a requirement of my current position and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow NYFS to check my driving record prior to hire and to check it annually thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive an NYFS van or my own vehicle after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

I understand that NYFS will use this information for employment purposes only and will not furnish this information to a third party without my written consent.

I agree to release NYFS, its employees and those who supplied you with the information, from any liability or damage which may result from furnishing the requested information, or my failure to be hired for the position for which I am applying.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date