

BLUEWATER RESIDENTIAL SERVICES, INC

1501 E Superior St, Duluth, MN 55812

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone	Other Phone	
Date Available	Social Security No.	Desired Salary	
Position Applied for:		Preferred shifts:	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you or any members of your family ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, whom?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES			
<p><i>Please list three professional references. Professional References may include previous co-workers, supervisors, instructors, or other individuals who are familiar with your professional experience.</i></p>			
Name of Reference	Company	Relationship	Phone Number

LIST OF GENERAL LIFE SKILLS
<p><i>Please list specific skills, activities, certifications, and/or areas of special study</i></p>

PREVIOUS EMPLOYMENT

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY CONTACT

Name	Phone #1
Relationship	Phone #2
Address	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. In consideration of my employment, I agree to conform to the company's rules and regulations. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the Terms and Conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. If employed, I understand that in periods of low census or caseload I may be required to take time off without pay according to the needs of Bluewater Residential Services or I may be reassigned to another home.

Signature _____ Date _____

Bluewater Residential Services, LLC

MAIN OFFICE:

1501 East Superior Street
Duluth, MN 55812
(218) 724-1286 / Fax (218) 728-3342

Employment History

1. What skills have you acquired in your present job that makes you the right candidate for this job?
2. Why do you want to leave your present job?
3. What have you heard about our company that leads you to believe you would like to work here?

Communications

1. What types of people do you find difficult to work with?
2. Describe what you consider to be the perfect boss.
3. Are you more comfortable working on a team or on your own?

Bluewater Residential Services, LLC

MAIN OFFICE:

*1501 East Superior Street
Duluth, MN 55812
(218) 724-1286 / Fax (218) 728-3342*

Organization

1. How do you relieve stress at work?
2. Do you consider yourself efficient? Why?

Motivation

1. Think of a major accomplishment you had in your present job. What aspect did you find most satisfying?
2. What tactics should a supervisor use to get the best out of you?
3. Tell me about a situation where you really blew it. How did you handle it? What did you learn?

Managerial

1. Tell me about the best manager you ever had and what you learned from that person.
2. How would you handle a conflict between yourself and other employees?

**8850 Pre-Screening Notice & Certification
Request for the Work Opportunity Credit Form
INSTRUCTIONS**

Please complete the following form and turn in with your application.

Checking a box that applies to you means that you may qualify for the work opportunity credit.

★ Your answers DO NOT influence your chances for hire. ★

- **Question 1:**
 - Leave blank (because you are not completing this form before 2009)
- **Question 2:**
 - Check the box if you have received a conditional certification for the Work Opportunity Credit from a state or local workforce agency.
- **Question 3:**
 - TANF is called **MFIP** (Minnesota Family Investment Program) in the state of Minnesota.
 - You do not need to be the recipient of the MFIP or SNAP (food stamps) grant, you only need to be listed on the grant as a member of the family household to qualify.
 - **Please read each line carefully**
- **Question 4:**
 - You may qualify if you are a Veteran
- **Question 5:**
 - You may qualify if you are a family member who has received MFIP for the past 18 months
OR
 - If you are a family member who had MFIP for at least 18 months and it has ended during the past 2 years.

**** If you have any questions about how to complete the form,
please don't hesitate to ask. ****

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____

If you are under age 40, enter your date of birth (month, day, year) ____/____/____

1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 3 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, **or**
- Unemployed for a period or periods totaling at least 6 months.

5 Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____ Date ____/____/____