

OTHER REFERENCES (OPTIONAL)

Name	Agency/Business Relationship	Telephone #	Years Known

ADDITIONAL JOB-RELATED INFORMATION (OPTIONAL)

This space may be used to provide additional information on job-related skills and experience.

MEDICAL BACKGROUND

Do you have any physical limitations that would preclude you from performing, with or without reasonable accommodation, any of the essential functions of the position for which you are applying? Yes No

BACKGROUND CHECK

Missions Inc. requires that a background check be completed through the MN Department of Human Services or the MN Bureau of Criminal Apprehension as a condition of employment. A criminal record will not automatically be a bar to employment, except as may be required by the MN Department of Human Services.

IMMIGRATION REFORM AND CONTROL ACT

If I am offered and accept a position, I understand that I will be required to provide documents that establish my identity and my employment eligibility in accordance with the Immigration Reform and Control Act of 1986.

REFERRAL SOURCE

- Newspaper Ad
 Missions Inc. Website
 Walk-In
 MN Council of Nonprofits Website
 Minnesotaworks.net
 Missions Inc. Employee Referral
 Rehire
 Other _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false or misleading statements on this application may result in the immediate termination of my employment. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date

**MISSIONS INC. PROGRAMS
APPLICANT DATA RECORD**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, membership or activity in a local commission, disability, sexual orientation or age.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government recordkeeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant.

Missions Inc. is an Equal Opportunity/Affirmative Action Employer. Our Affirmative Action plan is available upon request.

YOUR COOPERATION IS VOLUNTARY

PLEASE PRINT

Position applied for _____ Date: _____

Applicant Name _____
Last First MI

Address _____
Street City State Zip

REFERRAL SOURCE

Please check one

- Missions Inc. web site Star Tribune web site Walk- In Rehire Employee Referral
- Minnesotaworks.net MN Council of Nonprofits web site Other _____

CONFIDENTIAL INFORMATION

Please check one

- Male Female

Please check one of the following Race/Ethnic groups:

- White American Indian/Alaskan Native Asian Black or African American
- Hispanic or Latino Native Hawaiian or Other Pacific Islander Other _____

Please check if any of the following are applicable

- Vietnam Era Veteran Special Disabled Veteran Other Eligible Veteran Disabled Individual