



Access North

Center for Independent Living of Northeastern Minnesota

Assisting individuals with disabilities to live independently, pursue meaningful goals, and have the same opportunities and choices as all people.

Access North is an Equal Opportunity Employer

HIBBING – 1309 East 40th Street, Hibbing, MN 55746 (218) 262-6675 (V/TTY) FAX (218) 262-6677

APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and the needs of AccessNorth.

PERSONAL DATA (PLEASE TYPE OR PRINT)

First Name	Middle Name	Last Name	Home Phone			
Local Address (Street and Number)			Work Phone			
City	State	Zip	Social Security Number			
Do you have access to reliable transportation?		Drivers License Number				
Do you have automobile liability insurance, as required by Minnesota State Law?					Yes	No
Do you have a valid drivers license?					Yes	No
Have you ever worked for Access North?		Yes	No	<input type="checkbox"/> Currently working for Access North		
Are you legally authorized to work in the United States?					Yes	No
What days are you available to work?						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

EMPLOYMENT DESIRED

Position Applied For	Are you willing to work any shift?
----------------------	------------------------------------

EDUCATION AND TRAINING

School	Name of School City & State	Graduated/G.E.D.?	Major Course of Study
High School			
College			
Other Training			

Licenses, certification, publications, inventions or patents:

Special Skills or any job related information you feel is necessary to describe your full qualifications:

EMPLOYMENT HISTORY: Beginning with the most current.

Name of Employer	Phone
Address	
Name & Title of Immediate Supervisor	Position
Reason For Leaving	Salary
Brief Description of Work Responsibilities:	

Name of Employer	Phone
Address	
Name & Title of Immediate Supervisor	Position
Reason For Leaving	Salary
Brief Description of Work Responsibilities:	

Name of Employer	Phone
Address	
Name & Title of Immediate Supervisor	Position
Reason For Leaving	Salary
Brief Description of Work Responsibilities:	

REFERENCES

Name of Person	Company Name & Address	Telephone
1)		
2)		
3)		

I authorize the organization to contact present and previous employers, and to investigate any statements contained in this application. I understand that any misrepresentation or omission of material fact on this application form, or in the course of the application process is cause for termination of employment.

Signature

Date