



## Application for Employment

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.**

**(PLEASE PRINT)**

Position(s) Applying for:		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Phone	Cellular Phone	Date Available To Start:	Available to Work:
( ) -	( ) -		<input type="checkbox"/> Full Time <input type="checkbox"/> Overnights (Asleep) <input type="checkbox"/> Part Time <input type="checkbox"/> Overnights (Awake)
Specify days and times you are available to work:			
How Did You Hear About Trillium Services (Check all that Apply):			
<input type="checkbox"/> I am a return Employee	<input type="checkbox"/> Recruitment Booth	<input type="checkbox"/> Employee Referral:(who?) _____	
<input type="checkbox"/> Duluth News Tribune	<input type="checkbox"/> MN Workforce Center	<input type="checkbox"/> Internet Ad: (where?) _____	
<input type="checkbox"/> Budgeteer	<input type="checkbox"/> Past Employee Referral	<input type="checkbox"/> College Ad: (where?) _____	
<input type="checkbox"/> Trillium Website		<input type="checkbox"/> Other: _____	

Have you ever been employed with us before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when? _____		
Are you related to anyone employed with us?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who? _____		
Are you related to anyone receiving our services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who? _____		
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally eligible to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have the use of an insured vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain _____		
_____		

# Education

School	Name/Address of School	Last Year Completed	Did You Graduate	Course Of Study
High School	_____ _____	1 2 3 4	Yes No	
College	_____ _____	1 2 3 4	Yes No	
Other (Specify)	_____ _____	1 2 3 4	Yes No	

# Employment Experience (beginning with the most recent)

<b>Employer</b>	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Specific Reason for Leaving		
<b>Employer</b>	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Specific Reason for Leaving		
<b>Employer</b>	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title Supervisor		
Specific Reason for Leaving		

\*May we contact the employers listed above? \_\_\_\_\_ If NO indicate which one(s) you do not wish us to contact and why?: \_\_\_\_\_

\_\_\_\_\_

# References

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Please list two Professional/Employment References and one Personal/Character Reference. (Do **Not** include relatives.)

## Professional Reference (Supervisor or Co-Worker)

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Occupation Day-time Phone #  
\_\_\_\_\_  
Address City State Zip Code

## Professional Reference (Supervisor or Co-Worker)

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Occupation Day-time Phone #  
\_\_\_\_\_  
Address City State Zip Code

## Personal Reference

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Occupation Day-time Phone #  
\_\_\_\_\_  
Address City State Zip Code

# Authorization to Check References

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I consent to and authorize Trillium Services, Inc., and its employees, to obtain any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, as it relates to my previous employment. It is expressly understood that any information sought or obtained is to be used for the sole purpose of my acceptability for employment. I also hereby release Trillium Services, Inc., and its employees from all liability for damages or claims resultant from any reference information sought or obtained pursuant to this authorization.

I also consent to and authorize the above named former employers, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with them. It is expressly understood that the information given is to be used for the sole purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees from any liability for damages or claims resultant from any reference information provided pursuant to this authorization or any attempts to comply with this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Additional Information

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## List memberships in professional, trade, business and/or student organizations.

You may exclude membership in organizations which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other Qualifications:

Summarize special job-related skills, qualifications, workshops, and in-service training acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Specialized Skills:

Check Skills/Equipment Operated

Person-Centered Planning:  
 Personal Futures Planning  
 PATH  
 ELP

CPR Certified  
 First Aid  
 Med. Administration  
 Keyboarding/Word Processing

Specific Software  
(list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## State any additional information that you feel may be helpful to us in considering your application for employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge the employment at Trillium Services, Inc. is on an "at-will" basis and is for no definite period. Employment that is on an "at-will" basis may be terminated at any time with or without notice and without cause. No persons other than the Business Administrator and/or the Program Administrator have the authority to alter your "at-will" status. Any agreement altering your at-will employment status must be in writing and signed by the Business Administrator and/or Program Administrator.

All information included in my application is true and complete. I understand that false statements given on this application may be considered for refusal of or separation from my position. I authorize Trillium Services, Inc. to investigate all statements and information contained in this application which they may consider relevant to my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Direct Care Qualification Standards

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Please review this list of qualifications. **This listing is to be used to identify employee qualification standards for employment in positions that require contact with adults and children receiving services.** This is not a complete listing of all qualification standards but rather a listing of those most critical. If an offer of employment is made to you, these qualification standards will be checked through the State Bureau of Criminal Apprehension, local District Court records, Department of Criminal Apprehension, local District Court records, Department of Human Services, County Social Services Agencies and Local Police Departments. Any of these standards, as well as other employment requirements, may be a disqualification for that employment offer.

1. Willingness to disclose your arrest, conviction and criminal history.
2. Conviction of, or awaiting trial for or admission of any of the following crimes:
  - Possession, use, sale, manufacturing, and or distribution of illegal drugs and simulated illegal drugs (M.S. sections 152.09,152.096, 152.097).
  - Murder, manslaughter, aiding a person in a suicide or attempted suicide (M.S. sections 609.185 to 609.215).
  - Assault, harm caused by a dog, mistreatment of persons confined, mistreatment of residents or patients, use of drugs to injure or facilitate crime, robbery, kidnapping, false imprisonment, depriving another of custodial or parental rights or abduction (M.S. section 609.221 to 609.265).
  - Coercion, attempt to coerce, interfering with religious observance, sodomy, bestiality, leaving the state to evade establishment of paternity, prostitution and related offenses or criminal sexual conduct (M.S. sections 609.365, 609.377 and 609.378).
  - Theft, possession of shoplifting gear, bringing stolen goods into the state, receiving stolen property, embezzlement of public funds, or rustling and livestock theft (M.S. sections 609.52, 609.521, 609.525, 609.53, 609.54, 609.551, 609.821).
  - Arson, burglary, or possession of burglary tools (M.S. sections 609.561 to 609.563, 609.582, and 609.59).
  - Forgery or aggravated forgery (M.S. section 609.625 or 609.63)
  - Adulteration, riot or terrorist threats (M.S. sections 609.6872, 609.71, 609.713).
  - Indecent exposure or use of minors in sexual performance (M.S. sections 617.23 and 617.246).
3. Subject of an investigation for or admission to abusing or neglecting an adult or child (M.S. section 260.221, paragraph b ).
4. Involuntary termination of your parental rights within the past five years (M.S. section 260.221, paragraph b ).
5. Diagnosis of mental illness or mental condition.
6. Abuse of prescription drugs.
7. Use of controlled substances (M.S. Chapter 152).
8. Abuse of alcohol.

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Signature of Applicant

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Date



**MINNESOTA DEPARTMENT OF HUMAN SERVICES LICENSED FACILITIES  
EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES,  
PROFESSIONAL SERVICES AGENCIES**

**BACKGROUND STUDY PRIVACY NOTICE**

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. **Purpose and intended use of the information:** Minnesota Statutes, chapter 245C, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals providing direct contact services to people receiving services from facilities and agencies licensed by DHS. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
2. **Whether you may refuse or are legally required to provide the information:** Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
3. **Known consequences that may arise from supplying the information:** Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
4. **Known consequences that will arise from refusing to supply the requested information:** Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.
5. **Identification of other agencies or entities authorized to receive this information:** The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.



