**PRAIRIE LAKES YOUTH PROGRAMS**

**APPLICATION FOR EMPLOYMENT**

# EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Prairie Lakes Youth Programs (PLYP) to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

# DATA PRIVACY NOTICE

The information requested on this application is intended to be used by PLYP in determining suitability for employment for the position that you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in PLYP being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, PLYP may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside PLYP without your consent except as necessary for tax purpose or as otherwise required by state or federal law.

# POSITION DESIRED

|  |  |
| --- | --- |
| Desired Position: |  |
| Available Start Date: |  |

# PERSONAL DATA

|  |  |
| --- | --- |
| Name: (First, Last, Middle) |  |
| Home Phone: |  |
| Alternate Phone: |  |
| Address: |  |
| City, State, Zip Code: |  |
| E-mail Address |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you either a U.S. citizen or legally eligible to hold employment in the United States? | | | | | Yes |  | No |  |
| Have you previously worked for PLYP? | | | | | Yes |  | No |  |
| If yes, when and position held/department: |  | | | | | | | |
| If yes, under what name may your previous employment records be found? | | | |  | | | | |
| Do you have any special needs that may necessitate accommodations in the application/interview process? | | | | | Yes |  | No |  |
| If yes, please describe the type of accommodation requested: | | |  | | | | | |
| List all other names under which you have been employed or under which your employment or education records may be found: | |  | | | | | | |

# WORK/VOLUNTEER EXPERIENCE

|  |  |
| --- | --- |
| Employer Name: |  |
| Employer Address: |  |
| Job Title: |  |
| Job Duties: |  |
| Dates of Employment |  |
| Reason for Leaving: |  |

|  |  |
| --- | --- |
| Employer Name: |  |
| Employer Address: |  |
| Job Title: |  |
| Job Duties: |  |
| Dates of Employment |  |
| Reason for Leaving: |  |

|  |  |
| --- | --- |
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| Job Duties: |  |
| Dates of Employment |  |
| Reason for Leaving: |  |

|  |  |
| --- | --- |
| Employer Name: |  |
| Employer Address: |  |
| Job Title: |  |
| Job Duties: |  |
| Dates of Employment |  |
| Reason for Leaving: |  |

# EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken.

Do not list dates of attendance for high school. List most recent first.

|  |  |
| --- | --- |
| Name of School: |  |
| Address of School: |  |
| Degree/Diploma Received: |  |
| Major/Minor: |  |
| Dates of Attendance: |  |

|  |  |
| --- | --- |
| Name of School: |  |
| Address of School: |  |
| Degree/Diploma Received: |  |
| Major/Minor: |  |
| Dates of Attendance: |  |

|  |  |
| --- | --- |
| Name of School: |  |
| Address of School: |  |
| Degree/Diploma Received: |  |
| Major/Minor: |  |
| Dates of Attendance: |  |

|  |  |
| --- | --- |
| Name of School: |  |
| Address of School: |  |
| Degree/Diploma Received: |  |
| Major/Minor: |  |
| Dates of Attendance: |  |

# VETERAN STATUS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran’s Preference Points? | Yes |  | No |  |
| Do you wish to claim Veteran’s Preference Points? | Yes |  | No |  |
| If you are a disabled veteran and wish to claim additional points, answer yes here: | Yes |  | No |  |

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

# LICENSURE

|  |  |
| --- | --- |
| License/No. |  |
| Issued By: |  |
| Date: |  |
| Expiration: |  |

All applicable licenses or certification must be received at PLYP prior to employment commencing. Note: If hired, it is your responsibility to keep a current license on file at all times. Failure to do so may result in immediate discharge from employment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever had any applicable license suspended, revoked or has any other action been taken with respect to an applicable license, either in Minnesota or any other state? | | Yes |  | No |  |
| If yes, please explain the circumstances: |  | | | | |

# REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. PLYP reserves the right to contact all employers, educational institutions or institutions where you have volunteered in addition to references listed below.

|  |  |
| --- | --- |
| Name of Reference: |  |
| Title: |  |
| Address: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Name of Reference: |  |
| Title: |  |
| Address: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Name of Reference: |  |
| Title: |  |
| Address: |  |
| Phone Number: |  |

# CRIMINAL BACKGROUND INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been convicted (or charged) with a misdemeanor or felony? | | Yes |  | No |  |
| If yes, please explain the nature of the charge and the circumstances: |  | | | | |
| Were you convicted and/or did you plead guilty? |  | | | | |
| Give the date, city, state and county where convicted: |  | | | | |

PLYP may conduct a background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine of such a check will be conducted. If the job description states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to PLYP, and formal approval by the appointing authority.

# PRIOR EMPLOYMENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been discharged, forced to resign from employment or resign as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were the claimant/plaintiff? | | Yes |  | No |  |
| If so, identify the employer and describe the circumstances: |  | | | | |

# PERSONAL STATEMENT

|  |  |
| --- | --- |
| Please indicate why you are interested in the position and what you hope to accomplish if selected: |  |

# UNEXCUSED ABSENCE FROM WORK

|  |  |
| --- | --- |
| How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family: |  |

# CERTIFICATION, ACKNOWLEDGEMENT AND RELEASE

|  |  |
| --- | --- |
| I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by PLYP.  I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Joint Powers Board or the appointing authority referenced in the job description and that until such approval that PLYP shall not be liable for any reliance on any oral or written offers of employment made to me.  In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release PLYP and its agents any and all information regarding my job performance and fitness/qualifications to perform the position. I am presently seeking and any other employment or related information, both public and private, in their possession.  I understand that PLYP will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.  I hereby release PLYP and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said PLYP, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information. | |
| Signature: | Date: |

Once completed, Application can be:

Email to: humanresources@plypsecure.com

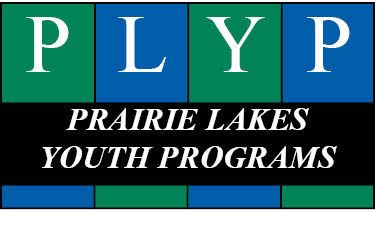
Faxed to: 320-231-1166

Mailed to: PLYP

Attn: Human Resources

1808 Civic Center Dr. NE

Willmar, MN 56201



**Prairie Lakes Youth Programs**

**1808 Civic Center Dr. NE**

**P.O. Box 894**

**Willmar, MN 56201**

**(320)231-1729**

**Information required for Prairie Lakes Youth Programs compliance with the**

**Prison Rape Elimination Act**

In order to be compliant with the federal Prison Rape Elimination ACT (PREA) standards, section 115.317, and to help meet statutory obligations of safety and security within the facility, Prairie Lakes Youth Programs is required to ask the following of ALL candidates for positions at PLYP:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility or other institution? | | Yes |  | No |  |
| Have you ever been convicted or adjudicated (either civilly or administratively) of having engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if a victim did not consent, or was unable to consent, or refused? | | Yes |  | No |  |
| Applicant full name (please print legibly): |  | | | | |
| Applicant Signature: | | Date: | | | |