

Bluewater Residential Services
 1501 E Superior Street Duluth MN 55812
 (218) 724-1286

APPLICATION FOR EMPLOYMENT

NAME: _____
Last First MI Maiden

ADDRESS: _____
City State Zip

TELEPHONE: _____ DATE OF BIRTH: _____ SOCIAL SEC #: _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO

IF YES, EXPLAIN: _____

POSITION DESIRED: _____ WAGE DESIRED: _____

EMPLOYMENT DESIRED: Full Time Part Time No Preference DATE AVAILABLE TO START: _____

WILL YOU WORK SHIFTS? YES NO WILL YOU WORK NIGHTS? YES NO

HAVE YOU EVER APPLIED WITH BLUEWATER RESIDENTIAL SERVICES BEFORE? YES NO WHEN? _____

EDUCATION:	SCHOOL NAME	MAILING ADDRESS	YEARS ATTENDED	MAJOR & DEGREE

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS & ACTIVITIES: _____

MILITARY SERVICE & RANK: _____

LICENSES, REGISTRATIONS, AND CERTIFICATIONS CURRENTLY HELD:	STATE OF ISSUE:	EFFECTIVE DATES:	LIC, CERT, OR REG NUMBER

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS: _____

SPECIALIZED TRAINING, EQUIPMENT OPERATION, ETC. _____

"Independent Doesn't Mean Alone"

WORK EXPERIENCE (Most recent employer first)

Company	Address City State Zip	Telephone
Dates of Employment	Position Held	Responsibilities:
Name of Supervisor	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
Company	Address City State Zip	Telephone
Dates of Employment	Position Held	Responsibilities:
Name of Supervisor	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving
Company	Address City State Zip	Telephone
Dates of Employment	Position Held	Responsibilities:
Name of Supervisor	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving

PROFESSIONAL REFERENCES	Reference 1	Reference 2	Reference 3
Name:			
Address City State Zip:			
Telephone (including area code)			
How known and how long?			

Use the space below to summarize any additional information necessary to describe your full qualifications.

READ CAREFULLY BEFORE SIGNING

I certify that all the information submitted on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. 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. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature Date

If employed, I understand that in periods of low census or caseload I may be required to take time off without pay according to Bluewater Residential Services' needs or I may be reassigned to another home.

Signature Date

"Independent Doesn't Mean Alone"