

FOR OFFICE USE ONLY

Date Received: _____

Interview Date: _____

Position Control # _____

Position If Hired: _____



A Chance To Grow, Inc.

APPLICATION FOR EMPLOYMENT

Thank you for your interest in A Chance To Grow, Inc. (ACTG). As part of our employment process, we require all applicants to complete this Employment Application, regardless of whether a resume is submitted. This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. Please print your answers in ink and answer each question completely. If a question is not applicable to you, please place “N/A” in the space provided. If additional space is necessary, feel free to use the back page or additional paper.

ACTG is an Equal Opportunity Employer. Applicants are considered for positions without regard to race, religion, color, sex, national origin, age, disability or handicap, marital status, sexual orientation, citizenship status, or status as a disabled veteran or veteran of the Vietnam era.

Federal law requires that all employers verify the identity and employment eligibility of all persons hired to work in the United States. ACTG uses E-verify to provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee’s Form I-9 to confirm work authorization. If the Government cannot confirm an employee hired by ACTG is authorized to work, this employer will provide the employee with written instructions and an opportunity to contact the SSA and/or DHS before taking adverse action, including termination.

ACTG will not use E-Verify to pre-screen job applicants and will not limit or influence the choice of documents that may be presented for use on the Form I-9.

PERSONAL

Name _____ Social Security No. _____

Present Address: _____
Street City State Zip

How long have you lived at this present address? _____ Tel. No. () _____

Email: _____ Cell No. () _____

Previous Address: _____
Street City State Zip

How long did you live at this address? _____

Have you ever been employed or attended school using another name? _____ Yes _____ No

If yes, list the name(s): _____

Have you ever applied to, or worked for, A Chance To Grow, Inc.? _____ Yes _____ No

If yes, explain:

POSITION

This application will be considered active for 60 days and will be retained for 1 year. If you have not been employed during this period and are still interested in employment with A Chance To Grow, Inc., please contact where you applied and request your application reactivated.

Position applied for: _____

Availability: Full Time _____ Part Time _____

If Part time, what are the hours/days you are available?

If hired, what date would you be available to begin work? _____

Salary expectations \$ _____

How did you hear about A Chance To Grow:

- Current Employee Newspaper Ad ACTG Website Online Advertisement
 Other – Please Explain:

PHYSICAL DATA

After reviewing the job description for the position that you are applying for, do you have any physical limitations that preclude you from performing any work are you are being considered for?

Yes _____ No _____

If yes, please describe _____

EDUCATION

| Circle Highest Year Completed | Course Completion | Major | School Name | City, State | Grade Average |
|-------------------------------|-----------------------------|-------|-------------|-------------|----------------------------|
| High School 9 10 11 12 | Did you Graduate? Yes No | | | | |
| College 1 2 3 4 | Degree & Date Received | | | | _____ Out of a possible |
| Other | | | | | |

Explain any additional schooling or specialized training not covered above

Professional Certificates or Licenses (e.g. CPA, Nursing, Teaching etc.)

ADMINISTRATIVE SKILLS

Typing/Keyboarding _____ wpm

List software packages where applicable:

Word Processing _____

Spreadsheet _____

Graphics _____

Accounting Packages _____

TECHNICAL SKILLS

Hardware _____

Applications

Certifications

STRENGTHS AND ACHIEVEMENTS

Describe your strengths or special skills

List any activities, honors, awards and/or achievements you wish to provide

EMPLOYMENT HISTORY

List your work history beginning with the present. Feel free to use the back page or additional paper. Include 1) all full-time jobs, 2) all part-time jobs, 3) all periods of self-employment and 4) all periods of U.S. military service.

| | | |
|--|-------------|---------------------------------|
| Employer: | Telephone # | Mo/Yr to Mo/Yr |
| Address (street, city, state, zip): | | Supervisor (name/title): |
| Title/Responsibilities | | Starting base salary: |
| | | Final (or current) base salary: |
| Why did you (or do you want to) leave? | | |

| | | |
|--|-------------|---------------------------------|
| Employer: | Telephone # | Mo/Yr to Mo/Yr |
| Address (street, city, state, zip): | | Supervisor (name/title): |
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| Address (street, city, state, zip): | | Supervisor (name/title): |
| Title/Responsibilities | | Starting base salary: |
| | | Final (or current) base salary: |
| Why did you (or do you want to) leave? | | |

GENERAL

Are you under any obligation (e.g. confidentiality or non-compete agreement) to a current employer which may restrict your ability to accept employment at A Chance To Grow, Inc.?

_____ Yes _____ No If yes, explain: _____

Do you expect to retain a financial interest in any business, or employment in another position, that may conflict with your employment at A Chance To Grow, Inc.?

_____ Yes _____ No If yes, explain: _____

If hired, can you furnish proof that you are legally entitled to work in the U.S. ____ Yes ____ No

Are you 18 years of age or older? ____ Yes ____ No

Do you own a car? _____

BUSINESS REFERENCES

If you chose to provide this information at this time, list the requested data on three persons (not related to you) in business or a profession who you have known you for more than one year and to whom we may refer.

| Name | Title | Daytime Phone | Business Address |
|------|-------|---------------|------------------|
| | | | |
| | | | |
| | | | |



Applicant – Please read and sign

I am applying for employment with A Chance To Grow. I certify that the information provided on this application and any accompanying materials is true and complete to the best of my knowledge. I understand that any falsification or omission of information will be sufficient grounds for denial of employment or for dismissal if discovered at a later date. I understand that employment is conditioned upon verification of the information contained herein.

I authorize a thorough investigation of my past employment activities, and agree to cooperate in such an investigation. I authorize the listed employers, schools, and business references to give A Chance To Grow (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release from all liability or responsibility, and agree not to sue, all persons and companies requesting or supplying such information.

I authorize schools, credit bureaus and law enforcement agencies to supply information concerning my background. I understand that if any information herein is not true, my employment may be terminated.

I understand that under federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, for aliens, their legal authorization to work in the U.S. As a result, I understand that employment with A Chance To Grow would be conditioned upon my ability to produce the required documentation within the time period required by law.

If I am employed by A Chance To Grow I agree to learn and conform to A Chance To Grow rules, regulations and code of conduct. I understand that the State of Minnesota is an employment-at-will State, which gives me the right to terminate my employment without notice at any time for any reason, and that A Chance To Grow also retains this right. I understand that the Executive Director is the only A Chance To Grow employee that has the authority to enter into an agreement for employment for any specified period of time or to make any agreements contrary to the above.

Signature of Applicant

Date

Affirmative Action Program Applicant Information Form

A Chance To Grow is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name: _____

Position applied for: _____ Date: _____

Section 2: Please check which apply

Ethnicity

- Not Hispanic/Latino
- Hispanic/Latino

Section 3: Please check all that apply (See reverse for definitions)

| Race | Gender | Veteran Status |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran <p style="text-align: center;"><u>Other</u></p> <input type="checkbox"/> Individual with Disabilities |
| <input type="checkbox"/> I do not wish to Self-Identify Signature: _____ | | |

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino (All Races)- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian or Other Pacific Islander - All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam and all persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

White - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran

Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran

Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.