



## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAMILY SIZE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ SALARY EXPECTED \_\_\_\_\_

EDUCATION (Indicate name of school, number of years completed and whether or not you graduated)  
High School \_\_\_\_\_  
Trade School \_\_\_\_\_  
College \_\_\_\_\_

QUALIFICATIONS (Insert a letter on each line as it relates to your qualifications in each category listed below)

**(A) Fully Qualified (B) Have Experience (C) Make Minor Repairs (D) Familiar With (E) Know Nothing About**

\_\_\_\_ Plumbing      \_\_\_\_ Carpentry      \_\_\_\_ Painting      \_\_\_\_ Electrical  
\_\_\_\_ Hot Water Boilers      \_\_\_\_ Air Conditioning      \_\_\_\_ Landscaping      \_\_\_\_ Basic Clerical  
\_\_\_\_ Drywall      \_\_\_\_ Elevator Repair      \_\_\_\_ Yard Maintenance      \_\_\_\_ Leasing

Have you ever been convicted of a crime involving dishonesty or breach of trust? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you ever applied for bond? \_\_\_\_\_ Been refused? \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ Apartment Value \_\_\_\_\_  
May we contact your present employer? (Yes / No) \_\_\_\_\_ Duties \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_ Apartment Value \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

PLACES OF RESIDENCE OTHER THAN THOSE PREVIOUSLY MENTIONED

1. Address \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_
2. Address \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

HEALTH (List any health conditions that may limit your work capabilities)

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

RELATIVES

Father \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Mother \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_

REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ BEFORE SIGNING: The following information is voluntary.**

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year City  
State

I understand that my Birthdate and my place of birth will be used in an investigation of my background, character and history from both the above sources as well as police and other records. I authorize and consent to this investigation.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

## KARI KOSKINEN MANAGER BACKGROUND CHECK ACT RELEASE OF INFORMATION CONSENT FORM

Property Owner: CEPCO Management (Employment Account)  
PO Box 456, 32 Tenth Ave S  
Hopkins, MN 55343  
Ph 952-935-0359 ext 103  
RHR Account#: 6310S

Screening Company: Trusted Employees  
701 5th Street South  
Hopkins, MN 55343  
Ph 952.545.3953

**CHECK HERE IF APPLICANT HAS NOT BEEN A MINNESOTA RESIDENT FOR THE PAST 10 YEARS. A FBI OR SIMILAR BACKGROUND SEARCH IS MANDATORY. IF APPLICABLE CHECK ONE FURTHER OPTION BELOW:**

Check here if requesting a FBI federal background check and attach **completed fingerprint card**. (Please note that the federal check customarily takes between 4 to 6 weeks).

### APPLICANT READ AND COMPLETE:

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.67 to 299C.71. By signing this form you are allowing the above named company / individual to access any criminal data maintained in these files which applies under the statute and authorize this background check to be performed. The expiration of this authorization shall be one year from the date of my signature.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Complete Information (Please Print):

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

\_\_\_\_\_  
(Current Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Previous Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Previous Address) (City) (State) (Zip Code)

Maiden Name: \_\_\_\_\_ Previous Name / Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

### I UNDERSTAND THAT I HAVE THE FOLLOWING RIGHTS:

- 1) The right to be informed that the company/owner will request a background check to determine whether I have been convicted of a crime specified in section 299C.67, subdivision 2.
- 2) The right to be informed by the company/owner of the superintendent's response to the background check and to obtain from the company/owner a copy of the background check report.
- 3) The right to obtain from the superintendent any records that form basis for the report.
- 4) The right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4.
- 5) The right to be informed by the company/owner if my application to be employed or to continue as an employee has been denied because of the result of the background check.