

Parents In Community Action, Inc. (PICA) 700 Humboldt Avenue North Minneapolis, MN 55411 (612) 377-7422

Employment Application

PERSONAL		Date						
Name	Social Se	Social Security #						
Address								
City	State	Zip						
Γelephone: Home	Work	Cell						
Are you 16 or older? Are you presently employed? Yes N		full time						
How did you hear of this position at PICA? (Advertisement/Publication Publication Employment agency Open house Walk-in From an employee Employee Name Other	check one) n Name							
Have you worked for us before? Yes								
If hired, on what date will you be available to AUTHORIZATION FOR RELEASE OF D	PRIVING RECORD							
•	PRIVING RECORD cations**							
This section required for Driver applications	PRIVING RECORD cations class, date of birth and name of	of insurer:						
This section required for Driver application Please provide driver's license number, o	cations class, date of birth and name of the past five (5) years? Yew Vehicle Record (MVR) to Paren limited to, violations, suspension	of insurer: es						
**This section required for Driver application Please provide driver's license number, of Have you had any moving violations in the I hereby authorize the release of my Motor Videtails my driving history including, but not	class, date of birth and name of the past five (5) years? Years Yehicle Record (MVR) to Paren limited to, violations, suspension ormance.	of insurer: es No ts In Community Action, Inc. The MVR on or cancellation of my license, and other						
This section required for Driver application Please provide driver's license number, of Have you had any moving violations in the I hereby authorize the release of my Motor V details my driving history including, but not pertinent information about my driving performance.	cations class, date of birth and name of the past five (5) years? Years Yehicle Record (MVR) to Paren limited to, violations, suspension or the course of my employment.	of insurer: es No ts In Community Action, Inc. The MVR on or cancellation of my license, and other						
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This section required for Driver application Please provide driver's license number, on the Have you had any moving violations in the I hereby authorize the release of my Motor Videtails my driving history including, but not pertinent information about my driving performance of my employment. **BACKGROUND STUDY INFORMATION Have you ever been under investigation or arms.	PRIVING RECORD cations** class, date of birth and name of the past five (5) years? Year Yehicle Record (MVR) to Paren limited to, violations, suspension or the course of my employment.	of insurer: as No Its In Community Action, Inc. The MVR on or cancellation of my license, and other Reports may be ordered periodically Date						
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	DUCATION d you graduate from High School or receive a C	GED2	Vac		No							
	gh School attended and location:		108		INO							
		olo ono) 7	Q	0	10	11	12	12	14	15	16	Other
1	www many years of education have you had? (Circ Name of Institution	From	To	9		ijor/Mi		13	14	13	10	Hours Completed
				/ D								
	Address		Cert	./Degi	ree							Date Rec'd
2	Name of Institution	From	То		Ma	ajor/Mi	nor					Hours Completed
	Address	Cert./Degree							Date Rec'd			
3	Name of Institution	From	То		Ma	ajor/Mi	nor					Hours Completed
	Address		Cert	./Degi	ree							Date Rec'd
PR	RIOR WORK HISTORY (List in order, last	or present	t Em	nlov	er fir	st. Pl	lease	inclı	ıde n	hone	nıır	nbers.)
1							<u>rease</u>		phone		nui	<u>III CISI</u>
	Address							Date	_	oyed (1	Month To	and Year)
	Supervisor's Name and Title							FIOII	1.		10	
	Your Job Title							Reas	on for	Leavin	g	
	Describe your work											
2	Last or Present Employer							Telej	phone			
	Address							Date	•	oyed (l		and Year)
	Supervisor's Name and Title							From: To:				
Your Job Title			Reason for Leaving						g			
	Describe your work							<u> </u>				
3	Last or Present Employer							Telej	phone			
	Address							Date	s Empl	oyed (l	Month	and Year)
	Supervisor's Name and Title							From	n:		То	:
	Your Job Title							Paga	on for	Leavin	σ	
								Neas	OH TOI	Lavill	ь 	
	Describe your work											

Name	Type of Work	Hrs./Wk.	How long	Supervisor
MILITARY SERV	TCE DECODD			
	yed in the armed forces? Ye	es No If ye	es, what branch? _	
Dates of duty: Fro	om To Month/Day/Year Mor		k at discharge:	
	Month/Day/Year Mor ties in the Service (include spe	•	_	
		cerar training and date	y station)	
	START BACKGROUND			
Are you now a PIC	_			
Have you ever been	n a Head Start parent? Yes	s No		
Have you ever part	ticipated in any PICA/Head Sta	art Training Program	? Yes N	0
Did you receive a c	certificate upon completion?	Yes No		
If "yes", please	provide a copy along with this	s application for cons	sideration.	
Do you know any s	staff at PICA?			
If "yes", please				
•	elatives working for PICA?			
If "yes", please	provide name/s and relationsh	ip:		
PERSONAL REFE		ner Employers or R	<u>(elatives)</u>	DI NI I
Name and 1.	Occupation	Address		Phone Number
2.				
2.				
3.				
ADDITIONAL INI	FORMATION/COMMENTS			
	experiences, skills or qualificate		would especially f	it you for work with
the Agency?	1 , 1	J	r <i>j</i>	,

Person to be notified in case of accident or emergency

Name	Phone Number
Relationship to you	
Address	_ City/Zip
PLEASE READ O	CAREFULLY
	CATION AND AGREEMENT
I hereby certify that the facts set forth in the above emplo	syment application are true and complete to the best
my knowledge. I understand that if employed, falsified st	tatements on this application shall be considered
sufficient cause for immediate dismissal.	
In addition, I give Parents In Community Action, Inc. my	y permission to contact any job/personal references
listed in this application.	
	Signature of Applicant