



RESTART, INC.

5275 Edina Industrial Blvd., Suite 240
Edina, MN 55439
Telephone: (952) 767-3350 Fax: (952) 767-3351

Employment Application

<p>Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the application or interview.</p>	<p>OFFICE USE ONLY Date of Interview / / Position Applied For:</p>
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Instructions

1. Please thoroughly read all statements contained in this Employment Application form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. Incomplete or illegible applications will not be processed.

Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after ninety (90) days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

EEO Statement

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, sexual orientation, marital status, status in regard to public assistance as well as participation or membership in a local human rights counsel or any other characteristic protected by State or Federal law.

Applicant Data

Today's Date: _____ Position applying for: _____

How were you referred to us? _____

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell / Pager / Other (identify which): _____

Email: _____ Date Available to Start: _____ Salary Requirements: \$ _____

Type of employment desired: Full-Time Part-Time Temporary Weekends

When are you available to work?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Have you ever worked for Restart, Inc.? Yes No. If "Yes," when? _____

Are you over the age of 18? Yes No

Are you legally authorized to work in the United States? Yes No



Full Name: _____

Job-Related Skills

- Yes No Have you received a job description or had the requirements of the job explained to you?
- Yes No Are you fluent in English? Reading, writing and communicating.
- Yes No Can you perform the requirements of this job?

Summarize Your Special Skills or Qualifications

Use this space to elaborate on any background, experience or qualifications that you believe should be considered in evaluating your qualifications for employment. **You may include hobbies, volunteer experiences and other abilities you believe relevant.**

Education Data

(If a degree is required for the position, we require a copy of the diploma, certificate and/or degree.)

Please indicate highest grade completed: 7 8 9 10 11 12 13 14 15 16+

1. Name of High School: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Graduated: Yes No
 Honors/Awards Received: _____
2. Name of Technical, Vocational, College, University or other: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Graduated: Yes No
 Certificate/Degree Received: _____ Specialty/Major: _____
 Honors/Awards Received: _____
3. Name of Technical, Vocational, College, University or other: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Graduated: Yes No
 Certificate/Degree Received: _____ Specialty: _____
 Honors/Awards Received: _____



Full Name: _____

3. Name of Technical, Vocational, College, University or other: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Graduated: Yes No

Certificate/Degree Received: _____ Specialty: _____

Honors/Awards Received: _____

Employment History (Begin with most recent position)

1. Dates of Employment From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

If currently employed with this company may we contact this employer for a reference? Yes No

2. Dates of Employment From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

If currently employed with this company may we contact this employer for a reference? Yes No

3. Dates of Employment From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

If currently employed with this company may we contact this employer for a reference? Yes No



Full Name: _____

Professional References (Other than relatives)

1. Name: _____

Position: _____

Company: _____

Address: _____

Telephone: _____

2. Name: _____

Position: _____

Company: _____

Address: _____

Telephone: _____

CERTIFICATION

I certify that my answers are true and complete to the best of my knowledge. I agree that, if Restart, Inc.'s policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment shall be "at-will," and that either Restart, Inc. or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

AUTHORIZATION

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I understand that false or misleading information given in my application or interview(s) may result in being disqualified for employment or discharge.

Applicant's Full Name (please print): _____

Signature of Applicant: _____ Date: _____