

EMPLOYMENT APPLICATION

ANDREW RESIDENCE

1215 South 9th Street, Minneapolis, MN 55404
612-333-0111

This application will be considered active for the position applied for 30 days after receipt by Andrew Residence. Thereafter, you must reapply if you continue to be interested in employment. Andrew Residence provides equal employment opportunities without regard to race, color, sex, religion, national origin, age, sexual orientation, non-disqualifying disability, veteran status or another protected status.

Please read carefully; answer all questions; print clearly in ink. If any additional space is required, attach additional paper. Management and professional applicants must attach a resume.

TODAY'S DATE

PERSONAL

LAST NAME	FIRST	MIDDLE
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HOME STREET ADDRESS	APT	CITY	STATE	ZIP
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HOME PHONE	MESSAGE PHONE	E-MAIL ADDRESS
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Are you 18 years of age or older? Yes No If under 18, can you after employment, submit a work permit? Yes No

Can you, after employment, submit certification of your legal right to work in the United States? Yes No

PLEASE NOTE: Andrew Residence is required by Minnesota Law to conduct a Criminal Background check on all new hires. Failure to pass a Background Check will affect continued employment.

HOW DID YOU LEARN OF THIS JOB OPENING? PLEASE BE SPECIFIC

Newspaper (which one) _____ Website (which one) _____
 Other (Job Service, School posting, etc.) _____

JOB INTEREST (Must indicate specific position for which you are applying. DO NOT indicate "open" or "any" as a desired position)

POSITION(S) DESIRED	DATE AVAILABLE	SALARY DESIRED				
FIRST CHOICE	SECOND CHOICE					
WORK HOURS/SHIFT PREFERRED	FULL TIME <input type="checkbox"/> Yes <input type="checkbox"/> No	PART TIME <input type="checkbox"/> Yes <input type="checkbox"/> No	DAYS <input type="checkbox"/> Yes <input type="checkbox"/> No	EVENINGS <input type="checkbox"/> Yes <input type="checkbox"/> No	NIGHTS <input type="checkbox"/> Yes <input type="checkbox"/> No	WEEKENDS <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATIONAL RECORD

CIRCLE HIGHEST GRADE COMPLETED	GRADE SCHOOL AND HIGH SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12	COLLEGE OR GRADUATE SCHOOL 1 2 3 4 5 6
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NAME, CITY AND STATE OF SCHOOLS ATTENDED	MAJOR FIELD	DEGREE
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LAST HIGH SCHOOL		
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LAST COLLEGE/UNIVERSITY OR NURSING SCHOOL		
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GRADUATE, TECHNICAL OR VOCATIONAL SCHOOL		
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LIST COURSES YOU ARE NOW ENROLLED IN

PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, ANCESTRY, SEX, OR DISABILITY).

SKILLS

(Typing, Computer, Medical Terminology, etc.)

This employer is subject to the provisions of Executive Order 11246, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, and Sections 503 and 504 of the Rehabilitation Act of 1973. Please contact the Director of Human Resources if you have any questions about the Company's Affirmative Action Program.

WORK EXPERIENCE

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

WHAT OTHER NAME(S)
HAVE YOU WORKED UNDER?

LIST YOUR LAST OR PRESENT EMPLOYER FIRST (INCLUDING VOLUNTEER EXPERIENCE) AND ACCOUNT FOR ANY LAPSE OF TIME BETWEEN EMPLOYMENT. LIST AT LEAST THREE EMPLOYERS OR EMPLOYMENT HISTORY OF FIVE YEARS WHICHEVER IS GREATER. (USE ADDITIONAL PAPER IF NECESSARY.)

EMPLOYER		EMPLOYED FROM			
		mo.	yr.	TO	mo. yr.
STREET ADDRESS	CITY	STATE		PHONE ()	
POSITION TITLE		WAGE OR SALARY			
		STARTING \$		FINAL \$	
SUPERVISOR'S NAME AND TITLE		PERSON(S) WE MAY CONTACT FOR REFERENCE			
BRIEFLY DESCRIBE YOUR DUTIES					
REASON FOR LEAVING					

EMPLOYER		EMPLOYED FROM			
		mo.	yr.	TO	mo. yr.
STREET ADDRESS	CITY	STATE		PHONE ()	
POSITION TITLE		WAGE OR SALARY			
		STARTING \$		FINAL \$	
SUPERVISOR'S NAME AND TITLE		PERSON(S) WE MAY CONTACT FOR REFERENCE			
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POSITION TITLE		WAGE OR SALARY			
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BRIEFLY DESCRIBE YOUR DUTIES					
REASON FOR LEAVING					

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:

I understand that employment at Andrew Residence is at will and that either Andrew Residence or I can terminate the employment relationship at any time, for any reason, with or without notice. I further understand that neither this application nor any other communication I may receive constitutes an employment contract. I authorize Andrew Residence to contact any or all of my references and former employers listed herein and to inquire about my employment there. I release Andrew Residence and any employer or reference which is contacted from any liability arising out of such inquiry or the response to such inquiry. I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statement, receipt of unsatisfactory references, an unsatisfactory result of drug screening test, an unsatisfactory result of a criminal background check, or an unsatisfactory result of the prescribed physical examination which reveals that I cannot perform the essential functions of my job with or without accommodation will cause me to be ineligible for employment or result in termination.

SIGNATURE

DATE