



## **SUPPORTING HANDS NURSE-FAMILY PARTNERSHIP EMPLOYMENT APPLICATION**

**Return completed application to:**

Supporting Hands Nurse-Family Partnership

10 East Highway 28  
Morris, MN 56267

Telephone: 320-349-0451  
Fax: 320-589-7433

We welcome you as an applicant for employment. It is the policy of SHNFP to ensure the full realization of the principles of equality without regard to race, religion, color, sex (including pregnancy and gender identity), sexual orientation, parental status, national origin, creed, age, marital status, and socio-economic level, status with regard to public assistance or status as disabled.

# Supporting Hands Nurse-Family Partnership

## APPLICATION FOR PERSONNEL POSITION

### I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Supporting Hands Nurse-Family Partnership (SHNFP) to provide equal employment opportunity for all, without discrimination on the basis of race, religion, color, sex (including pregnancy and gender identity), sexual orientation, parental status, national origin, creed, age, marital status, socio-economic level, status with regard to public assistance or status as disabled.

### II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by SHNFP in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in SHNFP being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, SHNFP may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside SHNFP without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

### III. POSITION DESIRED

Title of position for which you are applying: \_\_\_\_\_

Date Available to Begin Employment: \_\_\_\_\_

### IV. PERSONAL DATA

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you either a U.S. citizen or legally eligible to hold employment in the United States?

Yes No

Have you previously worked for SHNFP? Yes No

If yes, position held/department: \_\_\_\_\_

If yes, under what name may your previous employment records be found: \_\_\_\_\_

Do you have any special needs which may necessitate accommodations in the application/interview process?            Yes            No

If yes, please describe the type of accommodations requested:

List all other names under which you have been employed or under which your employment or education records may be found:

**V. WORK/VOLUNTEER EXPERIENCE**

List all work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties:

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties:

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties:

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties:

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving:

Employer Name:

Employer Address:

Job Title:

Job Duties:

Dates mm/dd/yyyy of Employment/Experience:

Reason for Leaving:

## VI. LICENSURE

List current licenses, registrations, or certificates relevant to the position for which you are applying.

	License / Cert Number	Date	Expiration
Registered Nurse	_____	_____	_____
PHN Certification	_____	_____	_____
MN Driver's License	_____	_____	_____

*All applicable licenses or certifications must be received in the Administration Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.*

## VII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken.

*Do not list dates of attendance for high school. List most recent first.*

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

List/describe any other training and/or experience relevant to the position for which you are applying

### VIII. REFERENCES:

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Please indicate relatives. **No Personal References.** SHNFP reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below:

Name of reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

### **IX. CRIMINAL BACKGROUND INFORMATION**

SHNFP will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For this position, criminal background information will be requested during the application stage. Further, SHNFP may conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to SHNFP, and formal approval by the appointing authority.

### **X. VETERAN STATUS**

Are you honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points?            Yes            No

Are you the spouse of deceased honorably discharged veteran or disabled veteran who is unable to work due to such disability            Yes            No

Do you wish to claim Veteran's Preference Points?            Yes            No

If you are a disabled veteran and wish to claim additional points, please check here.

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD218 form or forward it within five (5) business days. If you receive a passing score, you will be shown your score.

### **XI. PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff?            Yes            No

If so, identify the employer and describe the circumstances:

### **XII. PERSONAL STATEMENT**

Please indicate why you are interested in the position and what you hope to accomplish if you are selected:

**XIII. UNEXCUSED ABSENCE FROM WORK**

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? \_\_\_\_\_

**XIV. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE**

**I certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by Supporting Hands Nurse-Family Partnership (SHNFP).

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the SHNFP Joint Powers Board or the appointing authority referenced in the job description and that until such approval that SHNFP shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to SHNFP and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that SHNFP will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

**I hereby release** SHNFP and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said SHNFP, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**CONSENT FOR RELEASE OF  
EMPLOYMENT AND APPLICANT RECORDS  
AND RELEASE OF LIABILITY**

In connection with this application I hereby authorize any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to Supporting Hands Nurse-Family Partnership and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, other than “consumer reports,” as that term is defined in the United States Fair Credit Reporting Act, in their possession. I understand that Supporting Hands Nurse-Family Partnership will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release Supporting Hands Nurse-Family Partnership and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said Supporting Hands Nurse-Family Partnership, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_