



Application for Employment

Life Style, Inc.
311 North Cedar
Owatonna, MN 55060
Phone (507) 451-8524 TDD (507) 451-0704
Fax (507) 451-5459 www.lifestyleinc.net

Date: _____

Applicant _____
First Middle Last

Co-Applicant _____
First Middle Last

Current Address _____
Street/Apt # City State/Zip

Phone Number (____) _____ **Cell Phone Number** (____) _____

Contact Name and Number _____ (____) _____

Are you interested in: Full Time Employment _____ Part Time Employment _____
Temporary Employment _____ Site Cleaning _____ Summer Employment _____

Positions for which you are applying: Administrative _____ Resident Caretaker _____
Maintenance _____ Other (specify) _____

Location/Property Name: _____

How did you hear of this job opening and/or Life Style, Inc.? _____ Newspaper / _____ Internet - which site? _____
_____ Friend / _____ Family / _____ Social Services / _____ Employer / Other: _____

Have you ever been convicted of a felony offense? Yes _____ No _____

Have you ever been convicted of a drug offense? Yes _____ No _____

Do you have any criminal history? Yes _____ No _____

If yes to any of the above questions please provide explanation with dates _____

EDUCATION

Check all that apply: High School/GED _____ Technical College _____ Associate Degree _____
Bachelor Degree _____ Graduate Degree _____ Professional License _____

What are you qualified for as a result of your education? What specific skills do you possess?

Why do you desire to be a Life Style, Inc. employee? Why do you think Life Style Inc. should hire you?

EMPLOYMENT HISTORY

List all employers who you have worked for in the last ten years. Include any unemployment.

	Last or Present Job		Previous Job		Previous Job	
Employer Name						
Address						
City, State & Zip						
Supervisors Name & Phone #						
Dates of Employment	From:	To:	From:	To:	From:	To:
Salary Start / End	Start \$	End \$	Start \$	End \$	Start \$	End \$
Job Title						
Job Description						
Why did you leave or why are you leaving?						

PLEASE READ AND SIGN BELOW

In consideration of my employment and of the wage or salary paid me, I agree that:

1. All papers and apparatus relating to the company’s business, including those prepared by me, shall be the property of the company and except as required by my work, I will not reveal them to others nor will reveal any information concerning the company’s business including its inventions, shop practices, processes and method of manufacturing and merchandising.
2. In making this application for employment, I understand that the company may request an inquiry into my background, which will supply information concerning my character, general reputation, personal characteristics and mode of living. I understand that nothing contained in this employment application, and nothing in any of the company’s policies, procedures or handbooks that I might receive, is intended to create an employment contract between the company and me, either for employment or for the providing of any benefits. No promises regarding employment have been made to me and if an employment relationship is established, I understand I have the right to terminate my employment at any time, for any reason or no reason, and the company retains a similar right regarding the discontinuation of my employment.
3. I understand that this agreement is binding and that the submission of any false information in connection with my application for employment, whether on this document or not, shall be cause for immediate discharge.

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____

Office use only:

Position applied for _____ Hire _____ Not Hire _____

Reason for hire/not hire _____

Full Time _____ Part Time _____ Wage _____ Supervisor _____ Start Date _____

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

Property _____ (Property name)
Owner: c/o Life Style, Inc. 311 N. Cedar Ave
Owatonna, MN 55060
Ph 507-451-8524
RHR Account#: _____

Company: Rental History Reports
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.

This document is required to be a separate form and may not be made apart or attached to the Employment Application.

Background Information and Release Authorization

I authorize _____ and Trusted Employees to conduct a background investigation as part of its employment screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to employers to include wages, educational institutions to include release of grade point averages, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, insurance sources, driving and criminal history,

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I understand that if this occurs will be advised and provided with the name of the agency or source of the information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigative consumer report about me from a consumer-reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the credit bureau free of charge by checking the appropriate box below:

Are you applying for employment in California, Minnesota* or Oklahoma* ?	_____ Yes	_____ No
Would you like a copy of the consumer report prepared on you?	_____ Yes	_____ No
If yes, would you like the report sent via e-mail? (Fastest option)	_____ Yes	_____ No

E-mail: _____

* Minnesota and Oklahoma residents are entitled to a free copy of their report.

Notice to California Applicants: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 5th Street South, Hopkins, MM 55343. You may also receive a summary of the file by telephone at 1-888-389-4023/952-545-3953. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnished proper identification.

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment should any statements or answers be found to be false or information has been omitted; such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. If employed by the above referenced employer (with the exception of employment in California) this authorization will remain in effect throughout the term of my employment.

Date _____ Signature: _____

SSN _____ Printed Name: _____

Note: The following information will be used in verifying information on your Employment Application.

Street Address _____ City _____ State _____ Zip Code _____

Driver's License Number _____ State of License _____ Expires On _____ Date of Birth _____

List any other cities and states in which you have lived during the previous 7 years. _____

List any other LAST NAMES you have used during the previous 7 years or have been known by at an educational institution _____