



**Residential Services, Inc.**

Providing Innovative Supports for Persons with Disabilities

**APPLICATION FOR EMPLOYMENT**

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

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Position Desired: \_\_\_\_\_

Wage Desired: \_\_\_\_\_ Hours/Week Desired: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

**Where did you hear about RSI? – Check all that apply.**

<input type="checkbox"/>	Employee Referral	Who?	_____
<input type="checkbox"/>	Newspaper Ad	What Paper?	_____
<input type="checkbox"/>	Posting/Bulletin Board	Where?	_____
<input type="checkbox"/>	Recruitment Booth	Where?	_____
<input type="checkbox"/>	RSI Job Information Session	When?	_____
<input type="checkbox"/>	Radio	What Station?	_____
<input type="checkbox"/>	Internet Posting	What Site?	_____
<input type="checkbox"/>	Job Service	What Service?	_____
<input type="checkbox"/>	Private Employment Agency	What Agency?	_____
<input type="checkbox"/>	Other	Where?	_____

The following question is required due to insurability for automobile insurance. You will NOT be denied employment solely as a result of your driving record unless the specific job for which you have applied requires driving as an essential function.

Do you authorize RSI to check your motor vehicle record for driving offenses?

No  Yes    Signature: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**Eligibility**

Are you between the ages of 18 and 70 years of age	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently a student?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If so, are you eligible for work-study off campus?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever applied with RSI before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever worked for RSI before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, list dates of employment:    From: \_\_\_\_\_ To: \_\_\_\_\_

Department/Program: \_\_\_\_\_

**Scheduling**

RSI serves clients in residential settings 24 hours per day, 365 days per year. Shifts vary from a few hours to 10 hours in length, starting at all times of the day. Check all the times/days you are available to work. Indicate specific times you are not available and explain.

Weekends	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Weekdays	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Awake Overnights	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Asleep Overnights (paid)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Mornings	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Evenings	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Times/Days not available:

Reasons for conflict:

_____	_____
_____	_____
_____	_____

**Education**

School	Name and Location	Subjects Studied	Did you graduate?
High School			
College or Vocational			
Other			
Other			

**Employment History**

Dates	Employer	Wage	Position/Duties	Reason for Leaving
From:	Name/Address			
To:	Supervisor's name and phone			May we contact? Yes___/ No___
From:	Name/Address			
To:	Supervisor's name and phone			May we contact? Yes___/ No___
From:	Name/Address			
To:	Supervisor's name and phone			May we contact? Yes___/ No___
From:	Name/Address			
To:	Supervisor's name and phone			May we contact? Yes___/ No___

**Other Information**

Please note any specialized training or certification that you have which may be relevant to the position for which you have applied.

Please list or describe your hobbies and interests.

**References**

Name	Telephone	Years Known	Relationship

**Work Interests**

RSI serves clients with a variety of disabilities in a variety of settings. Please check all areas of service that may be of interest to you.

<input type="checkbox"/> Any of the below	<input type="checkbox"/> Any of the below
<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Adults
<input type="checkbox"/> Severe, Persistent Mental Illness	<input type="checkbox"/> Children
<input type="checkbox"/> Brain Injuries	Notes/Explanation:
<input type="checkbox"/> Fetal/Alcohol Syndrome/Effect	
<input type="checkbox"/> Emotional/Behavioral Disturbances	
<input type="checkbox"/> Physical Disabilities	
<input type="checkbox"/> Foster care or other residential settings	
<input type="checkbox"/> Supporting adults in their own homes or apartments	
<input type="checkbox"/> Respite or In-Home Family Supports for Children	

**Assurances**

By my signature, I certify that the information contained in this application is true, and correct to the best of my knowledge. I understand that, if employed, intentionally false statements contained herein may, at the discretion of RSI, be grounds for dismissal.

I authorize RSI to check my Motor Vehicle Record for insurance purposes. If hired, I authorize RSI to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment. I also understand that under Minnesota law, a background check is required for the position for which I have applied. Should the background check indicate that I am not eligible to hold this position, I will not be hired, or if hired, my employment will be terminated.

I authorize investigation of all statements contained herein and give permission for RSI to contact the references listed above. I give RSI permission to obtain any and all information concerning previous employment and any information they may have, personal or otherwise. I release all parties from liability for any damage that may occur as a result of furnishing the same. I understand that, if hired, my employment is for no definite period and may, at the discretion of RSI, be terminated at any time.

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

**Thank you for your interest in RSI.**

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 Duluth, MN 55811  
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 Fax: 727-2893

An Equal Opportunity Employer