

**Counseling Services of Southern Minnesota**  
1306 Marshall Street, St. Peter, MN 56082

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**APPLICATION FOR EMPLOYMENT**

Please type or print in black or blue ink.

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

Position desired: \_\_\_\_\_

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**PERSONAL INFORMATION**

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

Address: \_\_\_\_\_  
   Street

\_\_\_\_\_  
                    City                                  State                                  Zip Code

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

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

How did you learn about this employment opportunity? \_\_\_\_\_

When are you able to start work? \_\_\_\_\_

What hours are you able to work? \_\_\_\_\_

What days are you able to work? \_\_\_\_\_

Are you willing to accept part-time work (less than 40 hours)? YES \_\_\_\_ NO \_\_\_\_

Do you have a valid driver's license? YES \_\_\_\_ NO \_\_\_\_

Are you legally authorized to work in the United States? YES \_\_\_\_ NO \_\_\_\_

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## EDUCATION

### High School

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate? YES \_\_\_ NO \_\_\_      GED? YES \_\_\_ NO \_\_\_

### College/University

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Degree received: BA \_\_\_ BS \_\_\_ MA \_\_\_ MS \_\_\_      Other: \_\_\_\_\_

Degree: \_\_\_\_\_

Brief description of course of study \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### College/University

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Degree received: BA \_\_\_ BS \_\_\_ MA \_\_\_ MS \_\_\_      Other: \_\_\_\_\_

Degree: \_\_\_\_\_

Brief description of course of study \_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT HISTORY

Please give accurate and complete employment information. List your most recent employment activity first.

Name of employer: _____
Employer address: _____ _____
Job title: _____
Major duties and responsibilities: _____ _____ _____
Supervisor's name and title: _____
May we contact this person for a reference? ___ YES ___ NO
Phone number: (____) _____
Start date: _____ Starting salary: _____
End date: _____ Ending salary: _____
Reason for leaving: _____ _____

Name of employer: _____
Employer address: _____ _____
Job title: _____
Major duties and responsibilities: _____ _____ _____
Supervisor's name and title: _____
May we contact this person for a reference? ___ YES ___ NO
Phone number: (____) _____
Start date: _____ Starting salary: _____
End date: _____ Ending salary: _____
Reason for leaving: _____ _____

Name of employer: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
\_\_\_\_\_  
Job title: \_\_\_\_\_  
Major duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supervisor's name and title: \_\_\_\_\_  
May we contact this person for a reference? \_\_\_ YES \_\_\_ NO  
Phone number: (\_\_\_\_) \_\_\_\_\_  
Start date: \_\_\_\_\_ Starting salary: \_\_\_\_\_  
End date: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

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**OTHER QUALIFICATIONS:**

Skills and qualifications acquired from employment or other experiences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensures/Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bi-Lingual Skills: \_\_\_\_\_  
\_\_\_\_\_

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## AGREEMENT

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

I hereby authorize investigation of all statements contained in this application. I agree that if any misrepresentation or omission has been made by me herein, or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by the agency may be terminated immediately. I further agree that the agency will have no obligation or liability to me except to pay me, at the rate agreed upon, for services actually rendered if I have been employed.

I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between the agency and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me. If any 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 agency retains the same right regarding the discontinuation of my employment.

My signature below indicates that I hereby acknowledge that I have read and understand the foregoing.

Printed name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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

**Why does CSSM ask me to identify demographic information such as my gender, race/ethnicity, veteran status, and disability status?**

- Collecting this data allows CSSM, as well as state agencies, to assess whether our recruitment, retention, and other employee processes are effective at ensuring equal employment opportunity.
- CSSM is a state contractor, which means that CSSM receives funds from the State of Minnesota in the form of various grants.
- Granting agencies, as well as accrediting bodies, often require CSSM to complete assurances, which often include a statement of compliance and information to verify that CSSM maintains compliance with state civil rights laws.
- CSSM is also required to submit various reports to state agencies, which include aggregate data on employee demographics.

**The information collected on this form will be removed from the application and used solely for the purposes stated above. The person(s) conducting the interview do not have access to this information.**

Please complete the following questions:

AI/AN=American Indian/Alaskan Native;  
A=Asian;  
B=Black or African American;  
H=Hispanic or Latino;  
NH/OP=Native Hawaiian or Other Pacific Islander;  
M=people who identify as more than one race  
W=White

- AI/AN  
 A  
 B  
 H  
 NH/OP  
 M  
 W
- Male  
 Female

We appreciate you taking the time to complete this data.