

Education

Did you graduate from high school or have you received a GED? Yes No

	Name/Location	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate School				
Technical or Vocational College				

Please describe any specialized training and skills, especially related to supporting individuals with disabilities:

Experience

Please list your current employer first, if you are currently employed.

Employer: Address:	Dates of Employment: From: _____ To: _____
Telephone #:	
Job Title:	Supervisor Name: Telephone #:
Hourly Rate/Salary:	Reason for Leaving:
Duties and Responsibilities:	

Community Involvement Programs
T12-362-4408 Non-Profit Organization

Release to Conduct a Background and Reference Check

I, _____, authorize Community Involvement Programs to conduct a comprehensive background check, which may include employment references, a criminal background check, Department of Human Services background check, and a motor vehicle record review. I authorize any agency or person contacted in pursuit of this background check to release any and all information requested. Furthermore, I will hold no person or agency liable for the release of this information or for its use in conducting the background check or for any damages from the disclosure of this information. I understand that my failure to cooperate is grounds to terminate or deny employment under Minnesota Statute 245C.04, Subd. 2. If hired by Community Involvement Programs, I agree that periodic background checks can be conducted during employment as determined to be necessary by my employer, or upon request of the individual to whom I will be providing support.

This authorization ends when I am no longer employed by Community Involvement Programs. A photocopy of this authorization form shall be as effective and binding as the original.

_____	_____	_____	
Print Last Name	Print First Name	Print Middle Name	
_____	Circle One: Male Female		
Print Any Former Names, Maiden Name, or Alias			
_____	_____	_____	_____
Street Address	City	State	ZIP
_____	_____	_____	_____
Date of Birth	Social Security Number	Phone: Circle One: Home Work Cell	
_____	_____	_____	_____
Current Driver's License or State ID Number		State Issued	
_____	_____	_____	_____
Signature of Applicant		Date	