



## Application for Employment

### STATEMENT ON NON-DISCRIMINATION

We at Kaposia, inc. are committed to a policy of equal treatment and opportunity without regard to race, color, creed, religion, gender, minority status, sexual orientation, national origin, age, marital status, status with regard to public assistance, veteran's status, disabilities or any other category protected by law. This includes, but is not limited to: recruitment, hiring, selection for training, transfer, promotion, rates of pay and other forms of compensation.

### EMPLOYMENT AT WILL

I understand that in no event shall my hiring be considered as creating a contract between Kaposia, inc. and myself and unless otherwise provided in writing, such relationship shall be defined as "employment at will", where either the employee or Kaposia, inc. can end the employment relationship with or without cause, at any time. I also understand that no employee or manager except the Chief Executive Officer (CEO) or designee has the authority to enter into any agreement or contract of employment for any specific terms of employment such as length of service, future salary increases, or agreement contrary to this application. Furthermore, I understand that any such agreement entered into by the CEO or designee will not be enforceable unless it is in writing.

### HOW TO APPLY FOR A JOB

- 1. APPLICATIONS ARE ACCEPTED ONLY FOR JOBS AS POSTED ON [WWW.KAPOSIA.COM](http://WWW.KAPOSIA.COM) OR JOB ANNOUNCEMENT POSTINGS.**
- 2. READ THE JOB ANNOUNCEMENT/POSTING.** Announcements/postings describe special requirements and application instructions. If you have questions, contact the human resources department between the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday.
- 3. SOME JOBS ARE OPEN FOR CERTAIN LOCATIONS AND EMPLOYMENT CONDITIONS, OR REQUIRE TRAVEL.** The job announcement lists those. Be sure your availability matches those in the announcement where required.
- 4. ATTACH TO YOUR APPLICATION PROOF OF EDUCATION, ETC. REQUESTED IN THE JOB ANNOUNCEMENT.** Submit at least two letters of recommendation for the position you are applying .
- 5. FILL OUT YOUR APPLICATION CAREFULLY AND COMPLETELY.** Job title must match that in the announcement. Type or print clearly; illegible or incomplete applications will be not be considered.
- 6. USE ONE APPLICATION PER JOB.** Photo copies are accepted.
- 7. SEND, FAX, OR DELIVER YOUR APPLICATION TO THE ADDRESS IN THE JOB ANNOUNCEMENT.**
- 8. APPLICATIONS MUST BE RECEIVED (NOT POST MARKED) BY THE CLOSING DATE IN THE JOB ANNOUNCEMENT.** We cannot be responsible for the failure of agencies or postal services to forward applications to the appropriate address by the closing deadline.
- 9. IF YOU ARE OFFERED A POSITION WITH KAPOSIA, INC., AS A CONDITION OF EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. YOU MAY ALSO BE ASKED TO PROVIDE INFORMATION ON ANY RELEVANT CRIMINAL CONVICTIONS.**

### YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data practices require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: name, home address, home phone number, gender, racial/ethnic group, disability status and test accommodation information. This means it is available only to you, state agencies, and officials who have a need for it. We ask for this data to distinguish you from other applicants, to allow us to contact you, to enable us to ensure your rights to equal opportunity, to meet affirmative action goals and to meet federal reporting requirements. Furnishing social security number, gender, racial/ethnic data, disability status, test accommodation and Veterans preference information is voluntary. Refusal to supply other requested information might mean that your application will not be considered. If you are referred to a vacancy, your name will become public and may be provided to anyone. All other information you supply on this application, except that described as private above, is public and may be provided to anyone requesting it.

Job Postings: [www.kaposia.com](http://www.kaposia.com)  
Telecommunication Device for the Deaf: 651-224-6974  
FAX: 651-224-7249

The data in this application can be collected, if required, in an alternate manner. Write to Kaposia, inc. Human Resources Department at the address below or call 651- 789-2804.

*Kaposia, inc. is an Equal Opportunity, Affirmative Action Employer*



## Employment Application

Date of Application: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

### TYPE OR PRINT CLEARLY--ESPECIALLY NAME AND JOB TITLE

- List most recent experience first; **DO NOT WRITE SEE RESUME**
- List each different position separately, even in the same organization
- Part-time experience is prorated based on a 40-hour week as the full-time standard
- Be complete and accurate; incomplete information could result in disqualification.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

Have you applied to or worked here before?  Yes  No  
 If yes, when? \_\_\_\_\_ What position? \_\_\_\_\_

Rules Consolidation requires individual's holding this position be at least 18 years of age. Do you meet this requirement?  Yes  No

Are you aware of any circumstances in which the Commissioner of Human Services would disqualify you from working for this company?  Yes  No  
 If yes, please explain \_\_\_\_\_

**Availability:** Immediately  Upon \_\_\_\_\_ weeks notice Date Available: \_\_\_\_\_

Full Time  Part Time  Temporary On-Call

### PLEASE TYPE OR PRINT CLEARLY

### EDUCATION

Name and location of high school, college, technical, business, trade or other school	# Of Credits or % Full-time	List Major/Minor	Degree Certificate Received

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**EMPLOYMENT HISTORY / PLEASE TYPE OR PRINT CLEARLY / Current or most recent employer**

Employer (Company Name): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Full Time  Part Time  Temporary On-Call  
Employment Dates: From: Mo. \_\_\_\_\_ Year \_\_\_\_\_ To: Mo. \_\_\_\_\_ Year \_\_\_\_\_ Ending Salary/Wage: \_\_\_\_\_  
Major Job Duties: \_\_\_\_\_ % of time performing duty

Computer software/hardware used: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
**May we contact your current/previous employer for a reference?**  YES  YES, but not until job is offered.  
 NO (We may be unable to hire you without this information.) Please submit other references.

Employer (Company Name): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Full Time  Part Time  Temporary On-Call  
Employment Dates: From: Mo. \_\_\_\_\_ Year \_\_\_\_\_ To: Mo. \_\_\_\_\_ Year \_\_\_\_\_ Ending Salary/Wage: \_\_\_\_\_  
Major Job Duties: \_\_\_\_\_ % of time performing duty

Computer software/hardware used: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
**May we contact your current/previous employer for a reference?**  YES  YES, but not until job is offered.  
 NO (We may be unable to hire you without this information.) Please submit other references.

**ATTACH ADDITIONAL SHEETS FOR ADDITIONAL EMPLOYMENT IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.**

**IMPORTANT DISCLAIMER AND SIGNATURE - - PLEASE READ BEFORE SIGNING**

**CONDITIONAL OFFER OF EMPLOYMENT:** *If I receive a conditional offer of employment, I understand that I may be the subject of drug screening, criminal background study, and physical screening and evaluation, and I hereby consent to such screening and record checks. Also, Kaposia has the right to verify information provided in the application. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In connection with this application for employment, I authorize Kaposia, inc. and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release Kaposia, inc. and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.*

**I declare that all information provided is true and complete and acknowledge that I have read and understand the information above. Providing misinformation given on this application may result in discharge, if I am employed.**

Signature: \_\_\_\_\_ Print Full Name \_\_\_\_\_  
Date: \_\_\_\_\_

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please write a brief response to each of the following statements.

**1. Explain why you want to work with people with disabilities.**

**2. At this stage in your career, what are the most important aspects to you in your work?**

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

PLEASE TYPE OR PRINT CLEARLY

FIRST NAME: \_\_\_\_\_ LAST: \_\_\_\_\_ M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

The information requested below will be used to evaluate our efforts to reach all segments of the population and in reviewing our selection and placement efforts. The information is VOLUNTARY and PRIVATE. It is detached and retained separately from your work history. If we request additional information related to your disability, it would be maintained as SEPARATE and PRIVATE medical record. We appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity. Any false statement may be punishable by law.

PLEASE CHECK THE APPROPRIATE BOXES: Gender:  Male  Female

WITH WHICH RACIAL/ETHNIC GROUP DO YOU IDENTIFY? If the group appropriate for you is not listed, please indicate the one that comes closest. ONLY CHECK ONE ETHNIC GROUP.

Asian or Pacific Islander  African American (Black)  Hispanic  Caucasian (White)

Native American or Alaskan Native

American Indian, defined as "A person of one quarter or more Indian blood." (Minn. Stat. 254.02, Subd. 11).

DISABILITY STATUS, DEFINED AS:

- 1. Has physical, sensory or mental condition which significantly limits one or more life activities;
- 2. Has a record of such a condition;
- 3. Is regarded as having such a condition.

DO YOU CLAIM DISABILITY STATUS?  Yes  No

DO YOU NEED SPECIAL TESTING/INTERVIEWING ACCOMMODATIONS, such as a reader or sign language interpreter?

Yes  No

Please specify type of accommodation needed:

WHERE DID YOU HEAR ABOUT THIS JOB?

The following information will help us evaluate our recruiting program. Please check the appropriate box.

- 1.  Kaposia web site: www.kaposia.com
- 2.  Job Service Office
- 3.  Newspaper Advertisement Name of Newspaper \_\_\_\_\_
- 4.  Community Newspaper Name of Newspaper \_\_\_\_\_
- 5.  Trade Publication/Web Site Name of Trade Organization \_\_\_\_\_
- 6.  College/University Posting Name of College/University \_\_\_\_\_
- 7.  Current Employee Name of Employee \_\_\_\_\_
- 8.  Internet – Web Site Web Site \_\_\_\_\_

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***Personal Data***

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

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

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code)

\_\_\_\_\_  
Dates of Residence:

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **Kaposia, inc.** to obtain and rely upon consumer reports for my motor vehicle records check and investigative reports contacting current and prior employers or supervisors in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date



## DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

### DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **Kaposia, inc.** ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, criminal history reports, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. We will be using this report for driving records.
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.