

**MINNESOTA INDIAN PRIMARY  
RESIDENTIAL TREATMENT CENTER, INC.**

**MASH-KA-WISEN  
THUNDERBIRD/WREN**



**APPLICATION  
FOR  
EMPLOYMENT**

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

**KIND OF WORK APPLYING FOR:** \_\_\_\_\_

**DO YOU PREFER:** FULL TIME EMPLOYMENT ( ) PART TIME EMPLOYMENT ( )

**DO YOU PREFER:** DAY SHIFT ( ) EVENING SHIFT ( ) NIGHT SHIFT ( )

**NAME** \_\_\_\_\_  
LAST FIRST MIDDLE



PREVIOUS EMPLOYMENT RECORD BEGINNING WITH THE MOST RECENT POSITION

NAME & ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISORS NAME & TITLE	DATES		REASON FOR LEAVING
	START	FINISH		FROM	TO	

YOUR TITLE: \_\_\_\_\_ PART TIME ( ) FULL TIME ( )

LIST JOB DUTIES BEGINNING WITH MAJOR TASKS: \_\_\_\_\_

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NAME & ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISORS NAME & TITLE	DATES		REASON FOR LEAVING
	START	FINISH		FROM	TO	

YOUR TITLE: \_\_\_\_\_ PART TIME ( ) FULL TIME ( )

LIST JOB DUTIES BEGINNING WITH MAJOR TASKS: \_\_\_\_\_

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NAME & ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISORS NAME & TITLE	DATES		REASON FOR LEAVING
	START	FINISH		FROM	TO	

YOUR TITLE: \_\_\_\_\_ PART TIME ( ) FULL TIME ( )

LIST JOB DUTIES BEGINNING WITH MAJOR TASKS: \_\_\_\_\_

\_\_\_\_\_  
MAY WE CONTACT THE EMPLOYERS PREVIOUSLY LISTED? \_\_\_\_\_ IF NOT,  
PLEASE INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT

\_\_\_\_\_  
REFERENCES: PLEASE LIST BELOW THE NAMES OF THREE PERSONS NOT  
RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. WE MAY  
CONTACT ONE OR MORE OF THESE PEOPLE IN OUR REFERENCE CHECKING  
PROCEDURE.

<u>NAME</u>	<u>ADDRESS &amp; PHONE#</u>	<u>OCCUPATION</u>	<u>YEARS ACQUAINTED</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOU ARE CHEMICALLY DEPENDENT, PLEASE SUBSTANTIATE YOUR LENGTH  
OF SOBRIETY WITH THREE LETTERS OF REFERENCE.

IS THERE ANY OTHER INFORMATION WHICH YOU FEEL WE SHOULD HAVE IN  
CONSIDERING YOUR APPLICATION FOR EMPLOYMENT?

\_\_\_\_\_  
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\_\_\_\_\_  
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I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

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SIGNATURE OF APPLICANT

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DATE

NO QUESTION ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANTS CONSIDERATION FOR EMPLOYMENT BECAUSE OF HIS/HER RACE, COLOR, SEX, AGE, HANDICAP, DISABILITY, OR NATIONAL ORIGIN.

PLEASE RETURN TO:

PERSONNEL DEPARTMENT  
MASH-KA-WISEN TREATMENT CENTER  
P.O. BOX 66  
SAWYER, MINNESOTA 55780