



# EMPLOYMENT APPLICATION

1555 118<sup>th</sup> Lane NW  
Coon Rapids, MN 55448  
Phone (763)754-2505 Fax (763)754-0332  
www.marytinc.com  
*An Equal Opportunity Employer*

**Our Vision:** Enhance lives by uniquely blending rental communities, supportive living, and home health services.

**Our Mission:** Mary T. Inc. is committed to providing quality, personalized services to creatively meet the unique and evolving needs of people. We invest our resources to best serve our customers, community, and the people of Mary T.

**INSTRUCTIONS:** Make sure *ALL* sections of the application are completed. An incomplete application will not be considered. **PLEASE DO NOT CALL** to check the status of your application – if you are being considered for employment, we will contact you. All applicants will receive a response either via mail or call at our earliest opportunity. Thank you for your interest in Mary T. Inc.

## GENERAL INFORMATION

How did you hear about us? \_\_\_\_\_

Date \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone with area code: \_\_\_\_\_  Home  Work  Cell

E-mail address \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Desired Salary \_\_\_\_\_

Do you wish:  Full-time  Part-time – minimum # of hours per week \_\_\_\_\_

Have you previously worked for Mary T. Inc.?  No  Yes – if so, list dates: from \_\_\_\_\_ to \_\_\_\_\_

Have you applied for any position with Mary T. Inc. within the last year?  No  Yes

Are you 18 or over?  No  Yes

Do you have any relatives or friends who currently work for our organization?

No  Yes – if so, who \_\_\_\_\_

Do you give this organization permission to conduct a county and statewide criminal investigation?  No  Yes

*Mary T. Inc. maintains a drug-free environment. As an employee you would be expected to abide by this rule.  
Mary T. Inc. is an at-will employer.*

Do you have a valid driver's license?  No  Yes

Your employment eligibility is contingent upon Mary T. Inc. gaining access to your driving record. The Fair Credit Reporting Act (FCRA) allows Mary T. Inc. (the Company) to gain access to your driving record with permission for employment, credit, or insurance purposes. By indicating your driver's license number below: 1) you are hereby giving permission to the Company to investigate your driving history for purposes allowable under the FCRA; 2) you are acknowledging that you have read and understand the *Fair Credit Reporting Act Disclosure Statement* provided to you by the Company, and 3) you are authorizing the Company to periodically receive your driving record and such authorization will remain in effect for one year or for the duration of your relationship with the Company, whichever period is longer.

Driver's License Number \_\_\_\_\_ Stated Issued \_\_\_\_\_

## EDUCATION

High School Diploma or GED <input type="checkbox"/> No <input type="checkbox"/> Yes
College Degree:
Certifications or Licenses Held (e.g., CNA, LPN, RN, etc.)

## HOURS YOU ARE AVAILABLE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

## EMPLOYMENT HISTORY – LIST YOUR LAST 10 YEARS OF EMPLOYMENT, starting with your most recent employer (attach additional sheet if necessary or attach your resume)

Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Employment Dates (list month and year): From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Position Title \_\_\_\_\_  Full-time  Part-time – # of hours per week \_\_\_\_\_

List your main job responsibilities \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact?  Yes  No

Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Employment Dates (list month and year): From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Position Title \_\_\_\_\_  Full-time  Part-time – # of hours per week \_\_\_\_\_

List your main job responsibilities \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact?  Yes  No

---

Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Employment Dates (list month and year): From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Position Title \_\_\_\_\_  Full-time  Part-time – # of hours per week \_\_\_\_\_

List your main job responsibilities \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact?  Yes  No

---

**CONDITIONS OF EMPLOYMENT – *Mary T. Inc. sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position with Mary T. Inc., you need to carefully consider what we would require of you before you accept.***

- Following our standards of professionalism
- Smiling and making eye contact
- Arriving on time
- Maintaining a positive, enthusiastic attitude
- Treating coworkers with respect
- Being honest and dedicated to your work
- Using proper phone etiquette
- Completing necessary training requirements
- Following company policies and procedures
- Following directions
- Meeting standards of work quality and quantity
- Maintaining a professional appearance and complying with the company dress code
- Accepting a work schedule that may require you to work every other weekend and some holidays

Are you willing and able to comply with all the requirements listed?  No  Yes

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain:

---

**ADDITIONAL INFORMATION YOU WISH TO PROVIDE:**

---

**IMPORTANT: Please read the following information thoroughly before signing.**

**I understand and agree that:**

- Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- This organization will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by this organization, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
- Mary T. Inc. is an at-will employer and can terminate my employment at any time for any reason. I further understand that I may terminate my employment at any time for any reason.
- My employment may be terminated at any time without liability for wages or salary except as may have been earned at the date of such termination.
- This is an application for employment and that no employment contract is being offered.
- If I am employed, such employment is for definite period of time and that this organization can change wages, benefits, and conditions at any time.

**I have read and understand the above.**

**Fair Credit Reporting Act Disclosure Statement**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
ID Number