



Center for Independent Living

# CANDIDATE FOR EMPLOYMENT

**PLEASE INCLUDE A COPY OF YOUR RESUME**

**Mankato**

**709 S. Front St., Suite #7  
Mankato, MN 56001-3804  
Voice & TTY 507-345-7139  
Fax 507-345-8429  
Toll Free 1-888-676-6498**

**New Ulm**

**1618 S. Broadway  
New Ulm, MN 56073-3756  
Voice 507-354-7106  
Fax 507-354-0663**

**Fairmont**

**820 Winnebago Ave, Suite 1  
Fairmont, MN 56031-3619  
Voice & Fax 507-235-3488**

**SOUTHERN MINNESOTA INDEPENDENT LIVING ENTERPRISES & SERVICES  
S.M.I.L.E.S.**

Thank you for your interest in SMILES. You will be contacted to either set an appointment time for an interview, or to let you know that you have not been chosen for an interview. Please respond to the following questions and return this form with your application.

Do you require accommodation(s) during the interview process?

\_\_\_\_\_ Yes \*      \_\_\_\_\_ No

\*If yes, please state the specific nature of the accommodation(s):

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**MISSION**

To support people with disabilities to realize their full potential.

**PHILOSOPHY**

The Southern Minnesota Independent Living Enterprises & Services (SMILES) is a private non-profit community-based organization serving persons of all disability groups within the Region IX area of Minnesota. SMILES promotes and practices the independent philosophy of consumer control regarding decision making, service delivery, management, and establishment of the policy and direction of the center.

SMILES assists individuals with disabilities to live independently, to exercise equal rights and choice; and to have opportunities to access services available to all, regardless of the funding source or ability to pay. These include programs, services, activities, resources, and facilities within their communities.

Increases options, access and independence are achieved through the provision of information & referral, independent living skills training, advocacy, peer counseling, and community education and involvement.

# S.M.I.L.E.S.

Southern Minnesota Independent Living Enterprises & Services, Inc.

709 S. Front St. Suite 7  
Mankato, MN 56001

(507) 345-7139 v/tty  
(507) 345-8429 fax

An equal opportunity employer

## Application for Employment

We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and the needs of S.M.I.L.E.S.

PLEASE PRINT - USE ATTACHMENTS IF ADDITIONAL SPACE IS NEEDED

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

Street Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ (day) \_\_\_\_\_ (eve) Email: \_\_\_\_\_

Social Security No. \_\_\_\_\_

### **POSITION FOR WHICH APPLICATION IS BEING MADE AND HOURS AVAILABLE TO WORK**

Position applied for \_\_\_\_\_

Date available for employment \_\_\_\_\_ Hours available: \_\_\_\_\_

### **PERSONAL INFORMATION**

Are you a U.S. Citizen? \_\_\_\_\_ If no, do you have immigration approval to work in the U.S.? \_\_\_\_\_

List any special skills you have that you think would be beneficial to S.M.I.L.E.S. and/or the position

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Name of School	Dates of Attendance	Did you graduate?	Subjects studied (major)

## EMPLOYMENT

List below present and past employers, beginning with the most recent.

Date: Month & Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: _____ To: _____				

Major job duties and responsibilities:

Date: Month & Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: _____ To: _____				

Major job duties and responsibilities:

Date: Month & Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: _____ To: _____				

Major job duties and responsibilities:

REFERENCES				
Name	Relationship	Address	Telephone No.	Years Acquainted

I authorize S.M.I.L.E.S. to contact present employer, if applicable, (Yes\_\_\_/No\_\_\_), and past employers; and, to investigate any statements contained in this application and resume. The facts set forth in my application and resume are true and complete. I understand that any misrepresentation or omission of material fact on this application form or resume form, or in the course of the application process is cause for termination of employment.

\_\_\_\_\_  
Signature of the applicant

\_\_\_\_\_  
Date

**This information is available in  
alternate formats upon request.**





## **BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES**

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

### **Why is DHS asking me for my private information?**

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

### **How will I be notified that a background study was submitted on me?**

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

### **What information must I provide to complete the background study?**

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

### **How will the information that I give be used?**

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

### **What may happen if I provide the information?**

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

### **What if I refuse to provide the information?**

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

### **Who will DHS give my information to?**

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

### **What information will DHS share with the entity that requested my background study?**

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

### **What other entities might DHS share information with?**

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

**What if my disqualification is set aside?**

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

**Will my fingerprints be kept?**

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

**What information can the fingerprint and photo site view and keep?**

The fingerprint and photo site can view identifying information to verify your identify. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

**Who can see my photo?**

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

**What are my rights about the information you have about me?**

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years, and;
- (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services  
Background Studies Division  
NETStudy 2.0 Coordinator  
PO Box 64242  
St. Paul, MN 55164-0242

**How long will DHS keep my background study information?**

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on a you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

**What is the legal authority for DHS to conduct background studies?**

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118;

**What if I think my privacy rights have been violated?**

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services  
Privacy Official  
PO Box 64998  
St. Paul, MN 55164-0998





**CFC BGS DATA COLLECTION FORM  
AFC/FADS DATA COLLECTION FORM**

Please note that all of the following information (unless otherwise indicated) is required by the Bureau of Criminal Apprehension (BCA) or Federal Bureau of Investigations (FBI). \* Indicates that the field is optional.

**Please check one of the following:**

- Applicant/License-Holder     Household Member     Other

First Name		Middle Name		Last Name	
Maiden Name, Prior Names and Aliases					
Date of Birth		* Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Unknown		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Eye Color		Hair Color		Height	Weight
State or Country of Birth				Telephone #	
Current Street Address				City	
State	Zip	County	Email Address		
Driver's License # or MN State-issued ID #		Expiration Date of ID		* Social Security #	

**Have you lived at the above address for over 5 years?**                      **Yes**                      **No**

**If no, please list all city and states where you lived within the last 5 years:**

City:	State:	Year From:	Year To:

## ACKNOWLEDGMENT

I acknowledge that I have read this form and that I have been notified of and understand that the Minnesota Department of Human Services needs this information to complete the background study.

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Signature

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Signature of Parent or Guardian (Required for Minors Only)

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Date

*This area is for agency use only*

**To ensure accurate processing of the components of NETStudy 2.0 that rely on name and date of birth for matching, it is important that you verify the identity of the subject of the background study. The subject's name and date of birth on this form must match the information on the subject's identification (ID). A list of acceptable forms of ID may be found on the DHS public website.**

**Identification of the subject has been verified.**

**For family CFC only: If the individual has lived outside of the state within the last five years, complete the Child Abuse Neglect Registry (CANR) process in the NETStudy 2.0 system.**

Attachment – Background Study Notice of Privacy Practices

December 14, 2017

# Affirmative Action Voluntary Information

Completion of information below is voluntary and will not affect any employment decision

*Southern Minnesota Independent Living Enterprises & Services, Inc. (SMILES) provides equal opportunity to all employees/applicants without regard to race, color, sex, creed, religion, ancestry, national origin, sexual orientation, disability, age, or marital status.*

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by completing this form.

Providing this information is STRICTLY VOLUNTARY. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. Your cooperation is appreciated.

## Applicant Information

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

### Race/Ethnicity Select one or more:

- American Indian/Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black/African American Black or African American: A person having origins in any of the black racial groups of Africa
- Hispanic/Latino Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- Native Hawaiian/Pacific Islander Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Are you a person with a disability?  Yes  No

Sex  Male  Female

***This form is not used for employment decisions.*** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

# Affirmative Action Voluntary Information

Completion of information below is voluntary and will not affect any employment decision

For Administrative Use Only

Position Applied for: \_\_\_\_\_ Full time \_\_\_\_\_ part time \_\_\_\_\_

Interviewed    Yes    No

Hired            Yes    No

Position Hired for \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Completed by: \_\_\_\_\_

Promotions:

Position:

Date of change:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_