



<b>For Office Use Only</b>
Date Received:
Received by (initials):

## Mind Shift Application

How did you hear about Mind Shift?

Date available to begin the Assessment & Training Process:

### 1. Personal Information

Last Name:  First Name:

Address :

City:  State:  ZIP:

Home Phone Number:  Cell Phone Number:

Email Address :

Please Check Your Preferred Mode of Communication:  Cell Phone  Home Phone  Text  Email

Are you age 18 or older:  Yes  No Are you **eligible** to work in the US:  Yes  No

Do you have any limitations that prohibit you from performing Assessment or Training activities, including LEGO activities and/or IT training? If so, please explain:

### 2. Emergency Contact

Full Name:  Relationship to You:

Address :

City:  State:  ZIP:

Home Phone Number:  Cell Phone Number:

Email Address :



### 3. Education/Professional Development

High School	Study Dates	Diploma/GED	Date Obtained
College/University	Study Dates	Degree(s) or Focus of Study	Date Obtained
Ongoing Professional Development	Study Dates	Qualifications Earned	Date Obtained

### 4. Training and Affiliations

Please use the spaces below to give details of any training that is relevant to your application.

Training Course	Course Details (including length of course/nature of training)

Volunteer Work/Association Memberships/Employment Affiliations (please give details):



## 5. Employment History

Current Employment Status:  Employed Full-Time  Employed Part-Time  Unemployed

Please include any experience (paid or unpaid), starting with the most recent first.

### Current or Most Recent Employer

Employer Name:

Address :   
City, State, ZIP:

Position Held:  Start Date:  End Date:

Reason for Leaving:  Salary on leaving:

Brief description of duties and responsibilities:

### Previous Employer 1

Employer Name:

Address :   
City, State, ZIP:

Position Held:  Start Date:  End Date:

Reason for Leaving:  Salary on leaving:

Brief description of duties and responsibilities:

### Previous Employer 2 (continue with additional employers on the back or separate page)

Employer Name:

Address :   
City, State, ZIP:

Position Held:  Start Date:  End Date:

Reason for Leaving:  Salary on leaving:

Brief description of duties and responsibilities:



## 6. Additional Information

Explain what motivates you to work and learn:

Explain why you are interested in working with Mind Shift:

Describe your interest and experience in the field of work that is of interest to you:

Summarize your personal strengths, qualities, and skills:

Detail any experience you have working with customers:

Describe your experiences working with others, and working as part of groups or teams:

Describe your goals as they relate to work and career:

Describe your interests and hobbies:

Describe how you would travel to the Mind Shift offices:



### 7. Accommodations for Interview

Please contact us if you need the application in an alternative format, support in filling it out, or to talk to us about any other accommodations you need for an interview.

### 8. References

Please give the names and requested information for two people we can contact as references in support of your application to Mind Shift.

	Reference 1		Reference 2
Name:	<input type="text"/>	Name:	<input type="text"/>
Job Title:	<input type="text"/>	Job Title:	<input type="text"/>
Organization:	<input type="text"/>	Organization:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City, State, ZIP:	<input type="text"/>	City, State, ZIP:	<input type="text"/>
Phone Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>	Email Address:	<input type="text"/>
How do you know this person?	<input type="text"/>	How do you know this person?	<input type="text"/>

### 9. Declarations

*I certify that all of the above information is true and correct, to the best of my knowledge. I understand that falsifying application information could result in dismissal from the assessment and training process and any employment connected with Mind Shift. I also understand that I may be required to complete and pass a drug screening and that a criminal history check may be conducting using the information I have supplied.*

I agree that Mind Shift may create and maintain electronic and paper records of my application data.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_