



JOB APPLICATION

Farmstead Care of Moorhead

**3200 28th Street South, Moorhead, Minnesota 56560
218-512-2020**

Farmstead Care of Moorhead is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the applications process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____
City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

Salary desired: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours of shift are you available for work? _____

If needed, are you available to work overtime? _____

If you are hired, what date can you start work? _____

Do you have reliable transportation to and from work? _____

Personal Information

Are you a U.S. Citizen or approved to work in the United States? Yes No

What documents can you provide as proof of citizenship or legal status?

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: Farmstead Care of Moorhead complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, & Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, & Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, & Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____



References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and Farmstead Care of Moorhead is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Farmstead Care of Moorhead. No representative of Farmstead Care has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your “at-will” employment status, except for a written statement signed by you and either our Executive Vice-President/Director of Operations or the Company’s President.

Applicant Signature: _____ **Date:** _____

Please email application to Morgan Johnson - mjohnson@farmstead-care.com

