



MBW COMPANY

Community Support Services | Employee Owned

The mission of MBW Company is to provide individuals support in achieving valued social roles, discovering and contributing gifts and talents, growing in relationships, having community presence, and making informed choices.

We achieve our mission with our values: Quality of Life, Understanding & Caring Relationships, Can-Do-Attitude, Loyalty, Innovation and Learning and Teamwork.

We value a workforce of natural and learned abilities, diverse life experiences, and previous education, combined with a commitment of sensitivity and sincerity for the people we serve and our team members.

EMPLOYMENT APPLICATION

Please return this completed application form to:

MBW Company

Human Resources Department

1200 South Broadway

New Ulm, MN 56073

Phone: 507-233-3030

Fax: 507-354-2168

MBW Company welcomes you as an applicant. It is the policy of MBW to provide equal opportunity to all employees and applicants. MBW will not discriminate against or harass any employee or applicant because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. Managers and supervisors are required to make all employment decisions on the basis of individual ability and merit, without discrimination or unlawful preference.

Upon request, accommodations will be provided to applicants in accordance with American with Disabilities Act (ADA). Please call 507-233-3030.

APPLICATION GUIDELINES

To ensure that your application will be accurately processed, please check to verify that it is completed in its entirety. Incomplete applications may not receive further consideration.

APPLICATION INFORMATION

Date of Application: _____ Availability Date: _____

Position Applying For: _____ Full Time _____ Part Time _____

Referral Source: If referred by an MBW employee list their name: _____

____ Friend ____ Relative ____ Walk-in ____ Rehire ____ Newspaper ____ Radio ____ Employment Agency ____ Posting

____ MBW Website ____ Facebook ____ INDEED ____ Monster ____ Craig's List ____ Billboard Other _____

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Address (St./Apt#): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: (optional): _____ Are you under 18 years of age? Yes ____ No ____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

EDUCATION

Educational Institution	Name and Address of Institution	Course (Major/Minor)	Level of Education	Did you graduate? (Y/N)	List Diploma or Degree Awarded
High school		General	9 10 11 12		
College					
College					

OTHER LICENSES

Please list any other licenses, registrations or certificates that are required or pertinent to the position for which you are applying. Examples: LPN, RN, CNA, CPR Certified, First Aid Certified, Trained Medication Aid, etc.

License or Certificate	Licensing Agency	Expiration Date	License Number

EMPLOYMENT HISTORY

Please give accurate and complete employment information. List your **current or most recent** experience first.

Employer: _____
City: _____
Phone Number (_____) _____
Supervisor's name & title: _____
Your title: _____
Major duties or responsibilities: _____

Start Date: _____ Starting Salary: _____
End Date: _____ Ending Salary: _____
Reason for leaving: _____
May we contact this Employer? ____ Yes ____ No

Employer: _____
City: _____
Phone Number (_____) _____
Supervisor's name & title: _____
Your title: _____
Major duties or responsibilities: _____

Start Date: _____ Starting Salary: _____
End Date: _____ Ending Salary: _____
Reason for leaving: _____
May we contact this Employer? ____ Yes ____ No

Employer: _____
City: _____
Phone Number (_____) _____
Supervisor's name & title: _____
Your title: _____
Major duties or responsibilities: _____

Start Date: _____ Starting Salary: _____
End Date: _____ Ending Salary: _____
Reason for leaving: _____
May we contact this Employer? ____ Yes ____ No

PROFESSIONAL REFERENCES (Anyone listed below may be contacted.)

Please list three non-related people who know you well, preferably from a professional work environment.

Name	Relationship	Time Known	Occupation	Phone

OTHER

Please list your **job-related** skills and abilities, special activities, professional interests, honors, published reports, awards, or other information that pertains to the position for which you are applying. Include any professional training, seminars and volunteer activity.

AVAILABILITY

Shifts at each house and/or site may vary. Please check ALL boxes below that you are available to work.

Weekdays					Weekends	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am-9am <input type="checkbox"/>	6am-9am <input type="checkbox"/>	6am-9am <input type="checkbox"/>	6am-9am <input type="checkbox"/>	6am-9am <input type="checkbox"/>	6am-2pm <input type="checkbox"/>	6am-2pm <input type="checkbox"/>
6am-2pm <input type="checkbox"/>	6am-2pm <input type="checkbox"/>	6am-2pm <input type="checkbox"/>	6am-2pm <input type="checkbox"/>	6am-2pm <input type="checkbox"/>	10am-6pm <input type="checkbox"/> (Approx. hrs.)	10am-6pm <input type="checkbox"/> (Approx. hrs.)
3pm-6/7/8pm <input type="checkbox"/>	3pm-6/7/8pm <input type="checkbox"/>	3pm-6/7/8pm <input type="checkbox"/>	3pm-6/7/8pm <input type="checkbox"/>	3pm-6/7/8pm <input type="checkbox"/>		
2pm-10pm <input type="checkbox"/>	2pm-10pm <input type="checkbox"/>	2pm-10pm <input type="checkbox"/>	2pm-10pm <input type="checkbox"/>	2pm-10pm <input type="checkbox"/>	2pm-10pm <input type="checkbox"/>	2pm-10pm <input type="checkbox"/>
10pm-6am Sleep <input type="checkbox"/> Awake <input type="checkbox"/>	10pm-6am Sleep <input type="checkbox"/> Awake <input type="checkbox"/>	10pm-6am Sleep <input type="checkbox"/> Awake <input type="checkbox"/>	10pm-6am Sleep <input type="checkbox"/> Awake <input type="checkbox"/>	10pm-6am Sleep <input type="checkbox"/> Awake <input type="checkbox"/>	10pm-6am Sleep <input type="checkbox"/> Awake <input type="checkbox"/>	10pm-6am Sleep <input type="checkbox"/> Awake <input type="checkbox"/>

Comments: _____

APPLICANT CERTIFICATION & AUTHORIZATION

Before signing this application form please read the following waiver carefully.

1. I hereby certify that the answers and statements provided in this application are true and complete to the best of my knowledge. **I understand that incomplete or inaccurate information may result in disqualification of this application or future termination.** I authorize MBW Company to make an investigation of the facts set forth in this application.
2. I understand that offers of employment will be conditional on passing a background check.
3. Depending upon the position, driving may be required. If required, I must provide my valid driver's license, proof of insurance, and authorization for MBW to check my driving record as a condition of employment.
4. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that I will be required by federal immigration laws to complete a Form I-9.
5. I understand that I am required to follow all the policies and procedures, rules and regulations of the employer.
6. I authorize MBW to investigate any job-related information contained in this application or otherwise provided by me, including contacting educational institutions, current or previous employers and references unless specified in writing by the applicant. Moreover, I hereby release MBW and any agent acting on its behalf from any and all liabilities of any nature by reason of requesting such information from any person. I hereby authorize specific employers, educational institutions, entities and persons listed in this application as specified or identified by me to provide information concerning my personal character, habits or employment record and release them from all liability for issuing such information.
7. I understand that employment offered by MBW is at-will. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that MBW retains the same right. This application does not constitute an agreement or contract for employment for any specified period of time or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Chief Executive Officer of MBW.
8. In the event I am not chosen for this job or there are no current job openings, I understand that my application will be kept in an active file for the position listed on this application for at least six months. If there are any significant changes in my skills, education, etc., it is my responsibility to notify MBW by mail or in person indicating any information I want updated on my application. At the conclusion of six months, I understand that it will be necessary to complete a new employment application if I still wish to be considered for any position with MBW.

By signing this application I agree to the terms and conditions listed above.

Applicant Printed Name

Applicant Signature

Date Signed

MBW COMPANY - Voluntary Self-Identification Form

MBW is an Equal Opportunity/Affirmative Action Employer and needs your cooperation in the completion of this form. Collection of this data enables MBW to report accurate information to both the state and federal government. The information is used for compliance and record-keeping purposes in accordance with state and federal laws. We encourage you to respond to this voluntary questionnaire so we may analyze our effectiveness in recruiting and selecting qualified employees without regard to race, color, creed, sex, sexual orientation, age, national origin, disability or status with regard to public assistance. Please be advised this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name: _____ Date: _____

1. Position applying for: _____

2. Full-Time Requested: _____ Part-Time Requested: _____

3. Please check the EEO Identification Group that best applies to you:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or Other Spanish culture or origin regardless of race.
- White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- 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.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or more races - All persons who identify with more than one of the above five races.
- I decline to answer

4. Gender Identification

- Male
- Female
- I decline to answer

5. Veteran Identification

- I identify as one or more of the classifications or protected veterans listed above
- I am not a protected veteran
- I decline to answer

6. Disability Identification

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- I decline to answer

Employee Signature

Date