

# Cochran Recovery Services, Inc.

1294 East 18<sup>th</sup> Street, Bldg. #2  
Hastings, Mn. 55033  
(651) 437-4209 fax (651) 438-4144

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

### APPLICANT INFORMATION:

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

HOME PHONE NUMBER: ( ) \_\_\_\_\_ OTHER ( ) \_\_\_\_\_

### EMPLOYMENT DESIRED:

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ SHIFTS PREFERRED \_\_\_\_\_

### EDUCATION BACKGROUND:

Did you graduate from high school? Yes \_\_\_ No \_\_\_ If no, did you receive a GED? Yes \_\_\_ No \_\_\_

College, University, Professional School, Institute

Name & Location	Date: From/ To	Major	License Certificate of Degree	Date Received

COUNSELORS AND NURSES: What is your License Number and expiration date?  
(Provide a copy of your license.)

Are you CPR certified? \_\_\_\_\_ Expiration date? \_\_\_\_\_

Please list other skills, talents or personal experience that might be beneficial in performing this job.

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### "OFFICE USE ONLY" (COMPLETE ONLY AFTER A POSITION HAS BEEN OFFERED)

Date of birth: \_\_\_\_\_ Date to start: \_\_\_\_\_

Memo: \_\_\_\_\_

**FORMER EMPLOYERS:**

**LIST YOUR EMPLOYERS FOR THE LAST FIVE YEARS.** (IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL SHEET.)

Employer, Address, Phone	Dates Employed	Reason for Leaving
Title/Position	Rate of Pay	Duties
Employer, Address, Phone	Dates Employed	Reason for Leaving
Title/Position	Rate of Pay	Duties
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Title/Position	Rate of Pay	Duties

**LIST ANY BREAK IN EMPLOYMENT FOR THE LAST FIVE YEARS.** (Example: Full Time Student 9/98-12/99)

**LIST ANY SPECIAL INTEREST GROUPS, PROFESSIONAL ORGANIZATIONS, ETC., WHICH YOU BELIEVE WOULD BE OF BENEFIT IN PERFORMING THIS JOB.**

PLEASE INDICATE WITH A CHECK MARK IF ANY OF THE FOLLOWING APPLIES.

Disabled Veteran     Vietnam Era Veteran     Other Veteran

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

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

I give my permission to Cochran Recovery Services, Inc. to contact my current or former employers regarding my job performance.

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

*All employees working in positions with "direct contact" with clients as described by Minnesota Statutes, Chapter 234A and Minnesota Rules, parts 9543.3000 to 9543.3090 (Rule 11), must be able to pass the Department of Human Services Background Study to be considered for employment.*