



**PKT Enterprises**  
**Paraklatos, Inc.**  
 724 North 1st Street, Suite 600  
 Minneapolis, MN 55401  
 Phone (612) 788-3998  
 Fax (612) 788-0847  
 www.PKTEnterprises.com

**APPLICATION FOR EMPLOYMENT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the HR Department.

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
First Full Middle Last

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

Telephone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you over 19 years old?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed here before? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in this country? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details \_\_\_\_\_

*Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Date available for work: \_\_\_\_\_ Desired salary range?: \_\_\_\_\_

Type of employment desired: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ How did you hear of us? \_\_\_\_\_  
-please be specific

Having a valid Drivers License is an essential function of the job. Please provide Drivers License #: \_\_\_\_\_  
Authorization for pre-hire MVR screen

**Employment History**

*Provide the following information of your past four (4) employers, assignments, or volunteer activities, starting with the most recent*

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone #
Job Title		Address	
Supervisor Name and Title		Summarize the nature of work performed and job responsibilities	
May we contact? Yes _____ No _____			
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone #
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Supervisor Name and Title		Summarize the nature of work performed and job responsibilities	
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May we contact? Yes _____ No _____			
Reason for leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	

**Skills and Qualifications**

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**Educational Background**

Name and Location	Number of Years Completed	Did you Graduate?	Course of Study
High School			
College			
Other			

**References (2 PROFESSIONAL/ 1 PERSONAL)**

Name	Relationship	Telephone	Years Known

**Applicant Statement:**

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employers service, whenever it is discovered.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I any have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period 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 employer's president.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States of America and that federal immigration laws require me to complete an I-9 form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

*If signing this document electronically, you acknowledge that your electronic signature is the legal equivalent of your manual signature.*

*I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

If submitting electronically, please "Save As" before returning

**CERTIFICATIONS**

Training Completed: *(Please only answer Yes if you currently possess valid certificate)*

First Aid?  Yes  No Expires:

CPR?  Yes  No Expires:

Medication Administration?  Yes  No

Mental Health Certification?  Yes  No Date:

Other Certifications?

Describe:

**TRANSPORTATION (documentation required upon hire)**

Is your driver's license currently valid?  Yes  No

Is your vehicle insurance current and is your name listed on the policy?  Yes  No

**ADDITIONAL ESSENTIAL FUNCTIONS**

Are you aware of PKT Enterprises' mission of providing quality, community-based services to vulnerable populations so that they may work, live, socialize, and maintain self-sufficiency in a community setting?  Yes  No

Are you willing to work with individuals who may display challenging behaviors such as physical or verbal aggression, difficulty with receptive and expressive language, learning, mobility, self-direction and self-care, and/or limited capacity for independent living or economic self-sufficiency?  Yes  No

Are you able to provide physical assistance to individuals with disabilities?  Yes  No

Are you able to work more than 40 hours a week on occasion?  Yes  No

Are you able to bend, kneel, lift (up to 40 pounds), stoop, stand and/or sit for long periods of time, work in a community environment, handle wheelchair requirements (if needed), with or without reasonable accommodation?  Yes  No

**Direct Support Positions Only**

**AVAILABLE HOURS** (Specify hours available for each day of the week, including overnights if applicable)

<b>Sunday</b>	
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	

PKT Enterprises supports the principles of equal employment opportunity and is dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or local laws.