



Auxiliary Staff Application

Date: _____

Position applied for:

- Intern
- Work Study
- Field Work
- Volunteer

Program or Department:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Clinical Support <input type="checkbox"/> Communications <input type="checkbox"/> Day Treatment <input type="checkbox"/> Emergency Services <input type="checkbox"/> Experiential Learning Program <input type="checkbox"/> Financial Counseling <input type="checkbox"/> Foster Grandparent <input type="checkbox"/> Grants Writing <input type="checkbox"/> Hope Community Support Program <input type="checkbox"/> Human Resources | <ul style="list-style-type: none"> <input type="checkbox"/> Immigration <input type="checkbox"/> Information Technology <input type="checkbox"/> Psychology/Counseling/Masters Lead <input type="checkbox"/> SAIL/SHY <input type="checkbox"/> Senior Services <input type="checkbox"/> Special Events <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Wellness <input type="checkbox"/> Other(s): _____ | |
|---|--|--|

Name: _____ E-Mail Address: _____

Telephone Number: _____ Suggested time to call: _____

Address: _____
(Street) (City) (State) (Zip)

Are you 21 years of age or older (required for Youth Counselor positions) Yes No

<u>Availability</u>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Requested starting date: _____ Approximate ending date: _____

Please complete this section if you seeking an internship or volunteer experience that is relative to a school program:

School: _____ Internship taken for credit? Yes or No

Supervisor or Advisor: _____ Number of Credits: _____

Telephone Number: _____ Major: _____

Number of hours required for the volunteer/internship/workstudy: _____

What special skills do you have to offer?

Name three skills you want to possess as the result of your experiences here:

- 1.
- 2.
- 3.

In your opinion, what are your strengths and weaknesses and how do you see them relating to this experience?

Why have you chosen this program?

Previous Related Experiences:

Employment Experience:

Employer: _____ Telephone Number: _____

Address: _____
(Street) (City) (State) (Zip)

Supervisor: _____ Supervisor Phone # _____

Your position/title _____ Dates of employment From: _____ To: _____

Description of duties: _____

Employer: _____ Telephone Number: _____

Address: _____
(Street) (City) (State) (Zip)

Supervisor: _____ Supervisor Phone # _____

Your position/title _____ Dates of employment From: _____ To: _____

Description of duties: _____

References (Do not list relatives; one reference must be an employer.)

Name: _____ Telephone Number: _____

Address: _____
(Street) (City) (State) (Zip)

Name: _____ Telephone Number: _____

Address: _____
(Street) (City) (State) (Zip)

Name: _____ Telephone Number: _____

Address: _____
(Street) (City) (State) (Zip)

READ CAREFULLY BEFORE SIGNING

I certify that the above information is true and complete to the best of my knowledge and I authorize you to make a review of my qualifications and abilities. I understand that misrepresentation or omission of fact called for may be cause for dismissal whenever discovered. I also understand that in carrying out this review, reports may be solicited from previous employers, schools, personal references and other references, but no attempt will be made to contact my present employer unless I have given permission to do so.

In accordance with MN Law Chapter 372, we are required to make inquiries of an employer or former employer whose name and address has been disclosed to the agency and who employed a job applicant who had been functioning as a psychotherapist within the past five (5) years. This inquiry must relate to the possible occurrence of sexual contact by the therapist with patients or former patients of the psychotherapist. The definition of psychotherapist is "a physician, psychologist, social worker, nurse, chemical dependency counselor, member of the clergy, or other person, whether or not licensed by the state, who performs or purports to perform psychotherapy". In many of our programs, we do a background check on any criminal record you may have. May we contact your present employer? Yes No

I recognize that any offer for an auxiliary position is subject to:

- My ability to perform the essential job functions with or without accommodation.
- My supplying any additional information requested or attached to this form.
- Your receiving satisfactory reports from all references and background checks solicited.
- Approval of the management of the program.
- My agreeing to abide by all agency policies and procedures.
- My successfully completing an interview.
- My successfully completing any requirements of the specific program and Catholic Charities.

I acknowledge that my placement is at will and that the company reserves the right to terminate me at any time with or without cause and with or without notice. I understand that no practice or policy of the company relating to termination procedures alters the at-will nature of my placement in any way.

Signature of Applicant

Date

References (presumably work related): Three written references are required. Please return completed references to the agency.

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FOR AGENCY USE

Start Date: _____

Position: _____

Department: _____

Special Arrangements:

Supervisor

Director

The following references were checked:

By: _____ Title: _____ Date: _____