



If desired, please attach your resume in addition to completing this page.

START WITH YOUR LAST EMPLOYER FIRST

Employing Firm: \_\_\_\_\_ Your Title: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ Salary: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Employing Firm: \_\_\_\_\_ Your Title: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ Salary: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Employing Firm: \_\_\_\_\_ Your Title: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ Mo: \_\_\_\_\_ Yr: \_\_\_\_\_ Salary: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

List appropriate certificates, registration or occupational licenses held:

Class: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

\_\_\_\_\_

List volunteer or community work relevant to the position:

Organization: \_\_\_\_\_ Type of work: \_\_\_\_\_ hrs/wk: \_\_\_\_\_ how long: \_\_\_\_\_ supervisor: \_\_\_\_\_

\_\_\_\_\_

Describe relevant skills, experiences and specific accomplishments:

\_\_\_\_\_

\_\_\_\_\_

The foregoing answers are correct and complete to the best of my knowledge and belief. I understand that any misrepresentation may be sufficient cause for discharge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CAP AGENCY

Serving Scott, Carver and Dakota Counties  
712 Canterbury Road S.  
Shakopee, MN 55379  
(952) 496-2125

An Equal Opportunity/Affirmative Action Employer

### This sheet will be detached from your application.

Furnishing the information below is voluntary. The information will in no way affect you as an individual applicant. The information will not be kept in personnel files and will not be made available to any person involved in decisions affecting any individual's appointment or promotion to a position. The information will be used for test validation research and reporting on equal employment opportunity.

Social Security #: \_\_\_\_\_ Title of position: \_\_\_\_\_

Date: \_\_\_\_\_ Year of birth: \_\_\_\_\_

Please mark the appropriate line:

Sex

\_\_\_\_\_ Female  
\_\_\_\_\_ Male

Race or Ethnic Background

\_\_\_\_\_ **Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American of other Spanish culture or origin, Regardless of race.

\_\_\_\_\_ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ **Black:** A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Southeast Asian** - a person having origins in any original peoples of Cambodia, Laos, Korea, Viet Nam, China, Japan or any Asian country.

\_\_\_\_\_ **White:** A person having origins in any of the original people of Europe, North Africa, or the Middle East.

Do you have a disability?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

Have you served on active duty in the US military service for 181 consecutive days?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

How did you learn about this job?

\_\_\_\_\_ Scott-Carver Dakota CAP Agency, Inc. posting  
\_\_\_\_\_ Scott-Carver Dakota CAP Agency, Inc. employee  
\_\_\_\_\_ Department of Jobs and Training  
\_\_\_\_\_ Minneapolis Star & Tribune  
\_\_\_\_\_ St. Paul Pioneer Press  
\_\_\_\_\_ Local newspaper: (Please specify)  
\_\_\_\_\_ Other: (please specify)