



A life of possibilities for people with intellectual disabilities.

Mosaic is an equal opportunity employer and does not discriminate based on race, color, creed, sex, religion, ethnic or national origin, disability, marital status, veteran status, or any other protected class under applicable state and federal law.

Applications must be completed in their entirety in order to be considered for employment.

Form with sections: PERSONAL (Last Name, First Name, Middle Name, Application Date, Street Address, Home Telephone, City, State, Zip, Business Telephone, etc.) and REFERRAL (Are any of your relatives presently employed with the company or its divisions?, How were you referred?, etc.)

EDUCATION	SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business, Trade or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Post Graduate Studies				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Summarize any special skills and qualifications you possess. Describe specialized training, apprenticeships, and related extracurricular activities. Include any professional certificates or licenses you currently hold or have held in the past.					

REFERENCES	LIST THREE PROFESSIONAL OR PERSONAL REFERENCES	
	(other than your supervisor)	
	Name and Title: _____	
	Is this a <input type="checkbox"/> Professional reference (if so) Place of business: _____	
	<input type="checkbox"/> Personal reference	
	Address: _____	
	City/State/Zip: _____	
	Business Phone: (_____) _____ Home Phone: (_____) _____	
	Email Address: _____	
	Name and Title: _____	
	Is this a <input type="checkbox"/> Professional reference (if so) Place of business: _____	
	<input type="checkbox"/> Personal reference	
Address: _____		
City/State/Zip: _____		
Business Phone: (_____) _____ Home Phone: (_____) _____		
Email Address: _____		
Name and Title: _____		
Is this a <input type="checkbox"/> Professional reference (if so) Place of business: _____		
<input type="checkbox"/> Personal reference		
Address: _____		
City/State/Zip: _____		
Business Phone: (_____) _____ Home Phone: (_____) _____		
Email Address: _____		

Mosaic assists individuals with intellectual disabilities by helping them reach their goals.

Mosaic is an affiliated social ministry organization of the Evangelical Lutheran Church in America, a recognized service organization of the Lutheran Church—Missouri Synod, and a member of Lutheran Services in America.

Employees are expected to conduct activities which maintain values consistent with this affiliation.

PLEASE READ CAREFULLY

Persons whom we employ are asked to abide by the rules, regulations, and performance standards of the Agency and to sign various consents and releases.

Certification of Accuracy

By signing below, I certify that the answers and information provided in the Employment Application are true, accurate, and complete. I acknowledge that if any answer or information is not true, accurate, or complete, I may not be hired, or if hired, I may be discharged.

Authorization to Investigate

I authorize the company to investigate all statements contained in the Employment Application and to investigate my character and qualifications. I authorize prior employers, references, schools, law enforcement agencies, and others with information regarding my work or educational history, or my character, to provide the Company with all requested information and references. I release all such parties from any and all damage or liability that may result from furnishing such information. I acknowledge that employment is contingent upon the results of any background check.

Potential Health Exam and Drug Screening

I understand that my employment may be conditioned upon a favorable health evaluation and drug screening, which may include a medical examination by a medical professional selected by the Company, to which I hereby consent.

Acknowledgment That This Application is Not a Contract.

I understand that this Employment Application is not a contract of employment. I acknowledge that no oral representations have been made, and that no one within the Company has the authority to make oral contracts of employment. If hired, my employment relationship with the Company may be terminated at will, with or without cause, by either myself or the Company.

Understanding of Job Requirements

I understand all requirements and qualifications necessary to perform the essential functions of the job I am applying for, and am able to fulfill the demands of the position, with or without reasonable accommodations. I understand that I may be asked to work evenings, over-nights, weekends, holidays or in other facilities in other locations.

I understand and agree to all of the above conditions and statements set forth above and throughout the Application.

SIGNATURE: _____ DATE: _____

ACKNOWLEDGEMENTS

NOTES