



Application for Employment

Date _____ / _____ / _____

Personal Information

Name: _____
 Last _____ First _____ Middle Initial _____

Address: _____
 Street _____
 City _____ State _____ Zip _____

Phone: _____

Email: _____

Do you live at this address year round? Yes No Are you 18 years of age? Yes No Are you legally able to work in the United States? Yes No

Referred by: _____

Employment Desired

Position: _____ **Wage desired:** _____ **Available start date:** _____

Locations interested in working: Blaine Burnsville Champlin Rogers

Are you currently employed? Yes No Ever applied to this company before? Yes No

If so, may we inquired of your present employer? Yes No If so, when: _____

Education

Education	Name & Location	Area of studies?	Years attended?	Did you graduate?
High School				
College				
Trade, Business or Correspondence School				

Other training, certifications or licenses: _____

Are you currently attending school? Yes No If so full time or part time? Full Time Part Time

Availability

Please fill out times you are able to work:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days (10 AM-5 PM)							
Nights (5 PM-3 AM)							

If you are unable to work a particular time please mark with an "X". *Your availability will be used to determine eligabilty for positions*


Prefered number of shifts per week: _____ Prefered hours per week: _____

 **General Information**


Subjects of special study,
research work or special skills:

Activities: (civic, athletic, school, etc)

Exclude organizations, the name of which indicated the race, creed, age, marital status, color or nation of its members

 **Employment History** (Please list your last 3 employers, starting with most recent job first)

Employer: _____	Position: _____	Wage: _____
Dates of Employment: _____ to: _____	Responsibilities: _____	
Address: _____	Phone: _____	
Street _____		
City _____ State _____ Zip _____	Supervisor Name & Title: _____	
Reason for leaving: _____	May we contact them?	Yes No
Employer: _____	Position: _____	Wage: _____
Dates of Employment: _____ to: _____	Responsibilities: _____	
Address: _____	Phone: _____	
Street _____		
City _____ State _____ Zip _____	Supervisor Name & Title: _____	
Reason for leaving: _____	May we contact them?	Yes No
Employer: _____	Position: _____	Wage: _____
Dates of Employment: _____ to: _____	Responsibilities: _____	
Address: _____	Phone: _____	
Street _____		
City _____ State _____ Zip _____	Supervisor Name & Title: _____	
Reason for leaving: _____	May we contact them?	Yes No

 **References** (Give the names of 3 persons not related to you whom you have know at least one year)

Name	Address	Phone	Business/Relationship	Years Acquainted

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Signature: _____

Date: _____