



APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization. Completing this application does not guarantee employment.

PERSONAL DATA (PLEASE TYPE OR PRINT)						
First Name		Middle Name			Last Name	
Home Phone		Cell Phone			Email	
Local Address (Street and Number)		City			State	Zip
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have access to reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have automobile liability insurance, as required by Minnesota State Law? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you worked for or are you currently working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Dates: (month/year)		From:		To:		Position:
Reason for leaving:						
What days are you available to work? (check all that apply)				Are you willing to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

EMPLOYMENT DESIRED	
Position Applied For	Desired Salary Range

EDUCATION AND TRAINING			
School	Name of School City & State	Graduated/G.E.D.?	Major Course of Study
High School			
College			
Other Training			
Licenses, certifications:			
Special Skills or any job related information you feel is necessary to describe your full qualifications:			

EMPLOYMENT HISTORY: Beginning with the most current.

Name of Employer		Phone
Address		Position
Name & Title of Immediate Supervisor	Brief Description of Work Responsibilities:	
Dates: From: To: <small>(month/year)</small>	Reason For Leaving	

Name of Employer		Phone
Address		Position
Name & Title of Immediate Supervisor	Brief Description of Work Responsibilities:	
Dates: From: To: <small>(month/year)</small>	Reason For Leaving	

Name of Employer		Phone
Address		Position
Name & Title of Immediate Supervisor	Brief Description of Work Responsibilities:	
Dates: From: To: <small>(month/year)</small>	Reason For Leaving	

REFERENCES

Name of Person	Company Name & Address	Phone
1)		
2)		
3)		

I authorize the organization to contact present and previous employers, and to investigate any statements contained in this application. I understand that any misrepresentation or omission of material fact on this application form, or in the course of the application process is cause for termination of employment.

Signature

Date