



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/Cell Phone
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	Reason For Leaving	
Brief Description of Work Responsibilities:		

Name of Employer		Phone
Address		Position
Name & Title of Immediate Supervisor	Reason For Leaving	
Brief Description of Work Responsibilities:		

Name of Employer		Phone
Address		Position
Name & Title of Immediate Supervisor	Reason For Leaving	
Brief Description of Work Responsibilities:		

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