



JOB APPLICATION

Please print.

Name	First	Middle	Last
Address	City		State Zip
Phone number ()	Social Security Number		Driver's License Number State Issued:

Education:

Name	City/State	Years Attended	Date Graduated
High School			
College			
Other Education			

Employment History:

1. Employer (Current or most recent)		Phone number ()
From	to	Position or Title
Supervisor's Name		
Reason for leaving		
2. Employer		Phone number ()
From	to	Position or Title
Supervisor's Name		
Reason for leaving		
Do you have any computer experience? Circle YES or NO		If YES, how would you describe your skill level? Experienced Personal Professional Limited
Additional Notes:		

What days are you available to work?	What times?
Are you available on short notice? Yes No	Would you want extra hours? Yes No

Please fill out the employment reference information:

1. Name	Phone number()
Company	City/State
Relationship to you	
Can I contact this person? Yes No	
2. Name	Phone number()
Company	City/State
Relationship to you	
Can I contact this person? Yes No	
Please list below:	
Please list your enrollment number if a member of a MN Indian Reservation:	
Interests and Hobbies:	
I declare that all information provided is true and complete. My signature on this document provides permission to contact my references for more information and conduct a criminal background check and Department of Motor Vehicle Record check.	
Signature	Date