



P R I N T I N G

3839 Washington Ave. N. • Suite I • Minneapolis, MN 55412  
612-522-7600 • 612-522-7584 fax

# APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications.  
ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO ANY LEGALLY PROTECTED STATUS.

\_\_\_\_\_|\_\_\_\_\_  
Position Sought Today's Date

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Phone Alternate Phone Email

Why do you want to go into the type of work you are applying for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date available to start: \_\_\_\_\_ Hours preferred: \_\_\_\_\_

Are you authorized to work in the U.S.?  Yes  No

Have you ever been involuntarily terminated or asked to resign from any position of employment?  Yes  No

If yes, please describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EDUCATION

High School:

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Circle highest grade attended: 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D.

Graduate?  Yes  No

College:

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Circle highest grade attended: 1 2 3 4

Graduate?  Yes  No Graduation date or last year attended \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Degree(s) \_\_\_\_\_

Graduate School:

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Circle highest grade attended: 1 2 3 4

Graduate?  Yes, Date \_\_\_\_\_  No Number of credits earned \_\_\_\_\_

Major \_\_\_\_\_ Degree(s) \_\_\_\_\_

Other Schools Attended:

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Courses \_\_\_\_\_ Date completed \_\_\_\_\_

Certificate or Diploma \_\_\_\_\_ Registration # \_\_\_\_\_

Other training, certifications, or licenses held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have CPR and/or safety training?  Yes  No

List other information pertinent to the employment you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT RECORD

Begin with present or last position.

**Employer** \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Starting Title \_\_\_\_\_ Ending Title \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Salary starting \_\_\_\_\_ ending \_\_\_\_\_  
Duties \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer** \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Starting Title \_\_\_\_\_ Ending Title \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Salary starting \_\_\_\_\_ ending \_\_\_\_\_  
Duties \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer** \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Starting Title \_\_\_\_\_ Ending Title \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Salary starting \_\_\_\_\_ ending \_\_\_\_\_  
Duties \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer** \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Starting Title \_\_\_\_\_ Ending Title \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Salary starting \_\_\_\_\_ ending \_\_\_\_\_  
Duties \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List interests outside of work: \_\_\_\_\_  
\_\_\_\_\_

# REFERENCES

Give three Character References, people who know you well, not including employers or relatives.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application of employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DO NOT COMPLETE UNTIL HIRED**

## EMERGENCY CONTACTS

Name	Phone	Alternate Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Other Information (ie: hospital/doctor/allergies...): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_