



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 _____