



APPLICATION FOR EMPLOYMENT

23962 Smiley Road • Nisswa, MN

Phone: (218) 963-2265 • Fax: (218) 963-7346

DATE _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF NON-JOB RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL	NAME: First			Middle	Last	
	ADDRESS: Street		City	State	Zip	Phone Number (Include Area Code)
	POSITION APPLIED FOR		SALARY DESIRED	DATE AVAILABLE		DO YOU PREFER: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	Are you 18 years of age or older?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Any limitations on hours or days?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, give limitations _____					
	Do you presently have relatives working for us?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, give their name, relation, position _____					
Have you ever been discharged from any position?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, give reason _____						
Are you currently employed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No						
(Proof of citizenship or immigration status will be required upon employment.)						
In case of emergency notify: (Name, address, phone number) _____						
How did you learn about us?		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In		
		<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	_____	

EDUCATION	SCHOOL	NAME	LOCATION	GRADUATED	COURSE OR MAJOR
	Elementary			Yes No	
	High School			Yes No	
	College			Yes No	
	Other (Specify)			Yes No	
	Subjects of special study or research work: _____				
Special skills: _____					
Activities (Civic, Athletic, Etc.) _____					
<small>Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.</small>					

MILITARY	Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe duties and/or training you completed which pertain to this position: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

HEALTH

ARE YOU ABLE TO PERFORM WHAT YOU UNDERSTAND TO BE THE FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?
YES _____ NO _____
WHAT ACCOMMODATION WOULD BE REQUIRED? (PLEASE DESCRIBE)

START WITH YOUR PRESENT OR LAST EMPLOYER

EMPLOYMENT

EMPLOYER _____
ADDRESS _____
PHONE NO. _____ TITLE _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

DATES EMPLOYED	
FROM	TO
SALARY	
STARTING	FINAL

WORK PERFORMED:

EMPLOYER _____
ADDRESS _____
PHONE NO. _____ TITLE _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

DATES EMPLOYED	
FROM	TO
SALARY	
STARTING	FINAL

WORK PERFORMED:

EMPLOYER _____
ADDRESS _____
PHONE NO. _____ TITLE _____
SUPERVISOR'S NAME _____
REASON FOR LEAVING _____

DATES EMPLOYED	
FROM	TO
SALARY	
STARTING	FINAL

WORK PERFORMED:

May we contact the employers listed above? Yes No If not, list businesses' name here _____

Which of these jobs did you like best? _____

What did you like most about this job? _____

LIST THREE WORK RELATED REFERENCES WHO ARE NOT RELATIVES

REFERENCES

NAME	ADDRESS	BUSINESS RELATIONSHIP	PHONE

SIGNATURE

The information on this application is accurate and subject to check. I understand that any misleading or incorrect statements may render the application void and would be cause for immediate dismissal in the event of employment. I agree to undergo a physical examination at company expense at any time upon the request of the company and abide by all company policies and procedures. I hereby authorize previous employers and references listed above to release information to this company. Any copy of this signed authorization shall have the full force of the original. I understand and agree that, if hired, my employment will be on an at-will basis and may be terminated at any time by either party with or without cause.

APPLICANT SIGNATURE _____

PLEASE CHECK TO SEETHATYOU HAVEANSWEREDALLTHEABOVE QUESTIONS