

APPLICATION FOR EMPLOYMENT

23962 Smiley Road • Nisswa, MN Phone: (218) 963-2265 • Fax: (218) 963-7346

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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.

	NAME: First		Middle	Last			
PERSONAL	ADDRESS: Street	City	State	Zip			
	EMAIL:		PHONE NUMBER (Include Area Code)				
	POSITION APPLIED I	FOR:	SALARY DESIRED:	DATE AVAILABLE: DOYOU PREF FULL TIME			
	Are you 18 years of a Any limitations on ho If yes, give limitation	•	□Yes □Yes	□ No □ No			
	If yes, give their na	ve relatives working for unme, relation, position		□No			
	Have you ever been discharged from any position? \square Yes \square No If yes, give reason						
	Are you currently employed? Yes No Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes 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?						
	SCHOOL	NAME		LOCATION	GRADUATED	COURSE OR MAJOR	
	Elementary				☐ Yes ☐ No		
	High School				☐ Yes ☐ No		
EDUCATION	College				☐ Yes ☐ No		
CA.	Other (Specify)				☐ Yes ☐ No		
EDI	Subjects of special study or research work:						
	Special skills:						
	Activities (Civic, Athletic, Etc.)						
	Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.						
MILITARY		the Armed Forces? Yes and/or training you con					

ı	ARE YOU ABLE TO PERFORM WHAT YOU UNDERSTAND TO BE THE FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?						
HEALTH	YES NO WHAT ACCOMMODATION W	OULD BE REQUIRED? (PLEASE DE	ESCRIBE)				
		START WITH YOUR PRE	ESENT O	R LAST EMPLOYER			
	EMPLOYER			DATES EMPLOYED: FROM_	то		
				WORK PERFORMED:			
	PHONE NO TITLE						
	SUPERVISOR'S NAME						
	EMPLOYER			DATES EMPLOYED: FROMTO			
	ADDRESS			WORK PERFORMED:			
Z	PHONE NO	TITLE	· · · · · · · · · · · · · · · · · · ·				
EMPLO	SUPERVISOR'S NAME						
	REASON FOR LEAVING						
	EMPLOYER			DATES EMPLOYED: FROM_	TO		
				WORK PERFORMED:			
		TITLE					
	SUPERVISOR'S NAME						
	REASON FOR LEAVING						
	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 jo	ob?					
	LIST TH	IREE WORK RELATED REI	FERENCE	S WHO ARE NOT RELA	TIVES		
CES	NAME	ADDRESS	BL	ISINESS RELATIONSHIP	PHONE		
XEN							
REFERENCES							
~							
SIGNATURE	dismissal in the event of employment. I agree I hereby authorize previous employers and r	te and subject to check. I understand that any mis to undergo a physical examination at company ex eferences listed above to release information to the pe on an at-will basis and may be terminated at an	xpense at any tin his company.Any	ne upon the request of the company and abide copy of this signed authorization shall have the	by all company policies and procedures.		
SIGN	APPLICANT SIGN	ATURE	Δ\/Ε Δ N/S\Λ/ΕD F7	DALL THE AROVE OF IESTIONS			