412 South 3rd Street • La Crescent, MN • 55947 • 608-784-1381 • Fax: 507-551-2068 • allegiant@apmwi.net

## **EMPLOYMENT APPLICATION**

Name – Last, First, Middle Initial				curity	Number	Date					
Address	Ci	ty	State		Zip	County					
Home Phone (include area code)	Alternate Phone (include area code)				E-mail Address						
Position Applying For	☐ Full Time ☐ Part Time Ar				re you under 18 years of age?						
	# of hours per week				J Yes □ No						
Do you have a valid driver's license?											
If yes, License #:		State:									
Is there anything which would prevent you in performing the essential functions of the job for which you are applying?   Yes No  If yes, please explain and identify what accommodations, if any, you would need to perform the essential functions of the job:											
Are you legally able to work in the U.S. as a U.S. citizen or an alien authorized to work in the U.S.?  Yes No If applicable, type of visa? Expiration Date:											
Do you have any pending charges against you?					Note: Pending criminal charges are not an automatic ban to employment. Each case is considered on its own merit and in relations to the job.						
Have you ever been convicted of a mise If yes, please complete the following:  Offense: City and State: Date:  Fine or Sentence:	a E	Note: Convictions are not an automatic ban to employment. Each case is considered on its own merit and in relation to the job.									
School Name & Location	From	То	Graduate <sup>c</sup>	9 Г	Degree	Major/Subjects					
High School/GED	Tion	10	Yes No	. 1	oegice	Major/Subjects					
College/University			☐ Yes ☐ No								
College/University			☐ Yes ☐ No								
Highest Degree Earned (check one only):  High School/GED  Associate  Bachelor  Doctorate											

			En	iployment &	z Military Histo	ry					
Start with present or most recent position					May we contact your current employer?  Yes No						
		Name and Address	s of	Type of	Supervisor	Start End		Reason for			
		Employer		Position	Phon	e #	Salary	Salary	leaving		
Цо	VO VOU	 ever been fired, dischar	and or	nekad to resid	m?						
па	ve you e	ever been fired, dischar	ged or	asked to resig	311 ?						
All	egiant r	equires drug screening	for son	ne positions.	If required, are	vou willing to	submit t	o a drug	test?		
		_^		F		)		8			
	105 1	<u> </u>		Skills & C	Oualifications						
(List unique job-related skills and qualifications acquired from employment or other experiences)											
				_	_						
		Pro	ofession	al/Work Ref	erences We May	Contact:					
Name		Relationship			Phone (incl	Years Known					
Name		Relationship			Phone (include area code) Year			Years Known			
				•		·		·			
Name R		Relationship			Phone (include area code) Y			Years Known			
Name		Relationship			Those (metade area code)						
		answers given by me in this									
		nts may render this application application or incorrect, I may be									
		se of false, incomplete or m							employment is		
Lalso at	ıthorize p	ertinent companies, schools	agencie	s or persons to s	rive any information	requested regar	rding my em	nplovment.	character.		
experie	nce and q	ualifications and/or suitabili	ty of emp	oloyment with the	ne company for the p	ourpose of consi	dering my s	uitability f	or hire or		
continued employment. I specifically authorize the company to conduct a criminal background check to confirm the information that I have											
given concerning my criminal history. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. In addition, a copy of											
		is as valid as the original ar						.,	,		
I unders	tand that	any offer of employment m	ay be cor	nditioned upon r	ny submitting to and	the result of a p	physical exa	mination a	and drug		
screenin	g as sell	as the results of a criminal/c	redential	background che	eck.) Note: If this is	a job requiremen	nt, you will	be notified	l. Any applicant		
		icipate in the physical exampline (up to and including d									
drug scr	een will i	result in the revoking of any	conditio	nal offer of emp	ployment and autom	atic termination	of current e	mployment	t).		
1. State of Minnesota requires your knowledge & date of birth to release court records by providing the date of birth and signing below you are hereby providing your acknowledgment.											
	. I	<i>5</i> , <i>6</i> ·····	Dat	e of birth:	/ /						
α.							Date:				
Signa	ture of	Applicant					Date.				