



1001 BRUCE STREET
CROOKSTON, MN 56716
PHONE: 218-281-3863
FAX: 218-281-3865
APPLICATION FOR EMPLOYMENT

**Please Attach Resume If Available*

TODAY'S DATE: _____

PERSONAL INFORMATION:

NAME: _____

LAST

FIRST

MIDDLE

CITY: _____

PRESENT ADDRESS: _____

STATE: _____

ZIP CODE: _____

TELEPHONE NUMBERS: _____

RESIDENTIAL: _____

WORK: _____

CELL PHONE NUMBER: _____

ARE YOU 18 YEARS OF AGE OR OLDER?

☐ YES

☐ NO

IF HIRED, CAN YOU PROVIDE WRITTEN EVIDENCE THAT YOU ARE AUTHORIZED TO WORK IN THE US?

☐ YES

☐ NO

DRIVING RECORD? _____

PERMISSION TO CHECK DRIVING RECORD

☐ YES

☐ NO

EDUCATION: PLEASE CIRCLE HIGHEST SCHOOL GRADE COMPLETED:

HIGH SCHOOL	9	10	11	12	GED	COLLEGE/VOCATIONAL	1	2	3	4
SCHOOL AND LOCATION	FROM		TO		COURSES					

EMPLOYMENT HISTORY: LIST BELOW LAST EMPLOYERS, STARTING WITH MOST RECENT FIRST

COMPANY: _____ ADDRESS: _____ PHONE NUMBER: _____
PAY RATE _____ FROM: _____ TO: _____ WORK PERFORMED: _____
REASON FOR LEAVING: _____ MAY WE CONTACT THEM? YES NO

COMPANY: _____ ADDRESS: _____ PHONE NUMBER: _____
PAY RATE _____ FROM: _____ TO: _____ WORK PERFORMED: _____
REASON FOR LEAVING: _____ MAY WE CONTACT THEM? YES NO

COMPANY: _____ ADDRESS: _____ PHONE NUMBER: _____
PAY RATE _____ FROM: _____ TO: _____ WORK PERFORMED: _____
REASON FOR LEAVING: _____ MAY WE CONTACT THEM? YES NO

COMPANY: _____ ADDRESS: _____ PHONE NUMBER: _____
PAY RATE _____ FROM: _____ TO: _____ WORK PERFORMED: _____
REASON FOR LEAVING: _____ MAY WE CONTACT THEM? YES NO

ANY ALLERGIES OR HEALTH ISSUES THAT WE NEED TO KNOW ABOUT?

LIST ANY ADDITIONAL INFORMATION THAT MAY BE PERTINENT TO THIS JOB. SUCH AS - LICENSES, CERTIFICATES, PROFESSIONAL MEMBERSHIPS, HOBBIES, ETC.

REFERENCES: LIST PEOPLE WHO KNOW YOUR WORK ETHICS AND ABILITIES

NAME	ADDRESS	PHONE #	KNOW THEM FROM
1			
2			
3			

MINIMUM STARTING SALARY/HOURLY WAGE REQUEST: _____

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal laws; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief executive officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that this application will be active for a period of 90 days, after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that the employer has a DRUG TESTING POLICY for all new employees and that my employment will be contingent on the results of the test.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

YOUR SIGNATURE: _____

APPLICANT'S PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REFERENCES CHECKED ☐ YES ☐ NO

COMMENTS: _____

HIRED: ☐ YES ☐ NO

POSITION:

STARTING DATE:

RATE OF PAY:

IF HIRED:

DATE OF BIRTH:

OTHER:
