



6870 Hwy 10 NW
Sauk Rapids, MN 56379
Phone: 320-255-9649 Fax:320-255-0281

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____
Last First MI

Present Address: _____
Street City State Zip

Phone No. _____ Referred by _____

Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? Yes No

School	Name and Address of School	Circle Last Year Completed	Did you Graduate	Subject Studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work:

Job Related Skills (typing, driver’s license, etc.)

Activities/Interests Other Than Religious (Civic, Athletic, etc.)

FORMER EMPLOYERS List below our last four employers, starting with the last one first. *May we contact your former employers?* _____ **Yes/No**

Date (start & finish)	Name/City/State of Employers	Salary (upon leaving)	Position/Supervisor	Reason for Leaving

REFERENCES List below three persons not related to you, whom you have known at least one year

Name	Phone Number	Relationship to Applicant	Years Acquainted

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without case and without previous notice.

_____ Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed by _____ Date _____

REMARKS _____

Hired _____ INS Form completed Yes No Approved by _____

Position _____ Date to Report to Work _____ Salary/Wages _____