



# APPLICATION FOR EMPLOYMENT

400 4th Ave NE • PO Box 159 • St Joseph, MN 56377  
Phone: 320.363.7721 • Fax: 320.363.4816

Applications for all positions are considered without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
How did you hear about this position?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Relative
	<input type="checkbox"/> Friend
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address		City
		State
		Zip
Telephone Number(s)		Social Security Number (Voluntary)

Best time to contact you is: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

If you are under 18, can you provide required proof of your eligibility to work?.....  Yes  No

Have you filed an application with us previously?.....  Yes  No  
If yes, give date \_\_\_\_\_

Have you been employed with us previously?.....  Yes  No  
If yes, give date \_\_\_\_\_

Are any of your friends or relatives, other than a spouse, employed here?.....  Yes  No

Are you currently employed?.....  Yes  No  
If yes, may we contact your present employer?  Yes  No

Are you currently on a "layoff" status and subject to recall?.....  Yes  No

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Desired salary range? \_\_\_\_\_

Are you available to work:

Full-Time

Part-Time (Please indicate Mornings Afternoon Evenings )

Temporary (Please indicate dates available \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_)

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma	Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

Describe any specialized training, apprenticeship, job-related skills, extra-curricular, business or civic activities:


# EMPLOYMENT EXPERIENCE

Begin with your present or most recent job, include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate gender, race, religion, color, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

# REFERENCES

1.	_____	( )
	(Name)	(Phone)
	_____	
	(Address)	
2.	_____	( )
	(Name)	(Phone)
	_____	
	(Address)	
3.	_____	( )
	(Name)	(Phone)
	_____	
	(Address)	

# APPLICANT'S STATEMENT

I certify the answers I have given herein to be true and complete.

I authorize investigation of all statements contained in this employment application as deemed necessary to arrive at an employment decision.

This application for employment shall be considered active up to 45 days from date submitted. Any applicant wishing to keep their employment application active beyond the 45 days should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date