



P.O. BOX 454 • WINDOM, MN 56101
APPLICATION FOR EMPLOYMENT (EOE)

PERSONAL INFORMATION										
NAME							SS #			
ADDRESS										
PHONE							ARE YOU 18 YEARS OR OLDER?	YES	NO	
ARE YOU PREVENTED FROM LAWFULLY BEING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?								YES	NO	
EMPLOYMENT DESIRED										
POSITION					DATE AVAILABLE TO START			SALARY DESIRED	\$	
DAYS & TIMES AVAILABLE TO WORK										
MONDAY	MORNING	FROM:	TO:	AFTERNOON	FROM:	TO:	EVENING	FROM:	TO:	
TUESDAY	MORNING	FROM:	TO:	AFTERNOON	FROM:	TO:	EVENING	FROM:	TO:	
WEDNESDAY	MORNING	FROM:	TO:	AFTERNOON	FROM:	TO:	EVENING	FROM:	TO:	
THURSDAY	MORNING	FROM:	TO:	AFTERNOON	FROM:	TO:	EVENING	FROM:	TO:	
FRIDAY	MORNING	FROM:	TO:	AFTERNOON	FROM:	TO:	EVENING	FROM:	TO:	
SATURDAY	MORNING	FROM:	TO:	AFTERNOON	FROM:	TO:	EVENING	FROM:	TO:	
SUNDAY	MORNING	FROM:	TO:	AFTERNOON	FROM:	TO:	EVENING	FROM:	TO:	
ARE YOU CURRENTLY EMPLOYED?		YES	NO	IF SO, CAN WE CONTACT YOUR CURRENT EMPLOYER?			YES	NO		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?		YES	NO	IF SO, WHOM WERE YOU REFERRED BY?						
EDUCATION										
HIGH SCHOOL			DID YOU GRADUATE?	YES	NO	CUMULATIVE GPA (GREAT POINT AVERAGE)				
TRADE SCHOOL			DID YOU GRADUATE?	YES	NO	CUMULATIVE GPA (GREAT POINT AVERAGE)				
COLLEGE			DID YOU GRADUATE?	YES	NO	CUMULATIVE GPA (GREAT POINT AVERAGE)				
DEGREES, CERTIFICATES, AWARDS ACHIEVED:										

CONTINUED ON BACK

GENERAL

SPECIAL SKILLS/TALENTS:

COMPUTER PROGRAMS/SYSTEMS UTILIZED:

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)

U.S. MILITARY OR NAVAL SERVICE

YEARS OF SERVICE

RANK

FORMER EMPLOYERS

EMPLOYER 1	ADDRESS	SALARY	\$	POSITION
DUTIES	REASON FOR LEAVING			
MANAGER	CAN WE CONTACT HIM/HER?		YES	NO
EMPLOYER 2	ADDRESS	SALARY	\$	POSITION
DUTIES	REASON FOR LEAVING			
MANAGER	CAN WE CONTACT HIM/HER?		YES	NO

REFERENCES: LIST NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS	PHONE	()	NO. OF YEARS AQUAINTED
NAME	ADDRESS	PHONE	()	NO. OF YEARS AQUAINTED
NAME	ADDRESS	PHONE	()	NO. OF YEARS AQUAINTED

I CERTIFY THAT ALL THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE APPLIED

SIGNATURE