



APPLICATION FOR EMPLOYMENT

12425 River Ridge Blvd.
Burnsville, MN 55337

529 W. County Rd. E
Shoreview, MN 55126

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

An Equal Opportunity Employer/Affirmative Action Employer

Position(s) Applied For:		Date of Application: / /	
Name:			
Address:		Last	First
		Middle	
		Street	City
		State	Zip Code
Telephone #: () --		Mobile/Beeper/Other: () --	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give dates and position(s) held:			
Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date available for work: / /		Desired salary/wage range? \$	
Type of employment desired: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: Conviction does not automatically disqualify you from employment.			

EMPLOYMENT HISTORY – Provide the following information regarding your past employers, assignments or volunteer activities, starting with most recent.

Dates from : / / To: / /		Employers Name:	
Employers Address: (street, city, state, zip code)		Telephone #: () --	
Job Title(s) held:		Direct Supervisor & Title:	
Summary of work performed:			
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly/Salary Rate:	Start \$:	Per	Final \$: Per

Employment History Continued

Dates from : / / To: / /		Employers Name:	
Employers Address: (street, city, state, zip code)		Telephone #: () --	
Job Title(s) held:		Direct Supervisor & Title:	
Summary of work performed:			
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly/Salary Rate:	Start \$:	Per	Final \$: Per

Dates from : / / To: / /		Employers Name:	
Employers Address: (street, city, state, zip code)		Telephone #: () --	
Job Title(s) held:		Direct Supervisor & Title:	
Summary of work performed:			
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly/Salary Rate:	Start \$:	Per	Final \$: Per

Dates from : / / To: / /		Employers Name:	
Employers Address: (street, city, state, zip code)		Telephone #: () --	
Job Title(s) held:		Direct Supervisor & Title:	
Summary of work performed:			
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly/Salary Rate:	Start \$:	Per	Final \$: Per

SKILLS AND QUALIFICATIONS – Summarize any training skills, licenses and/or certificates that may qualify you as being able to perform the essential job-related functions of the position you are applying for:

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you graduate?	Course of Study
High School			
College			Major/Degree
Other			

PROFESSIONAL LICENSES/CERTIFICATION: If the position you are applying for requires a license, certification, registration or similar credential complete the information below:

Credentialing Organization	Profession	Number/Expiration Date

PROFESSIONAL REFERENCES: Include only individuals familiar with your work ability. Do not include relatives or supervisors listed above.

Name	Telephone #	Number of years known
	() --	
	() --	
	() --	

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature of Applicant: _____

Date: _____