



# Employment Application

Please complete both pages & mail to:  
 5843 Neal Ave. N.  
 Stillwater MN 55082  
 651-351-1656

Name: _____			
Last	First	M.I.	
Address: _____			
Street Address	City	State	ZIP
Home Phone: _____		Work Phone: _____	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Email:</b> _____	
List the positions you are interested in by specific title (Example: CSR, Driver, Presser)			
1 <sup>st</sup> Choice: _____		2 <sup>nd</sup> Choice: _____	
Available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work			
Date You Can Start: _____		Rate Desired: _____	
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Applied To This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Where? _____ When? _____	
List Any Trade or Professional Licenses, Certificate or Registrations			

**References** : List Three Persons Not Related to You Whom You Have Known At Least One Year.

Name	Address	Telephone / Business / Occupation

**Education**

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			If No, Indicate Highest Grade Completed (1 – 12)		
College, Business or Trade Schools (Name and City Location)	Major or Vocational Subjects	Length of Time Degree / Certificate			

# Employment Application pg. 2 of 2

Work History: Beginning with present or most recent, list your three most significant employers. If you wish to elaborate, a supplemental sheet or resume may be attached. Include military service, if applicable.

Firm Name \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Job Title, Responsibilities and Duties: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Firm Name \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Job Title, Responsibilities and Duties: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Job Title, Responsibilities and Duties: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Additional Qualifications & Skills: Machines, Equipment, Tools Used, Certifications**

Related Activities, etc. :

**Certification of Applicant:**

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all statements made in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_