



EMPLOYMENT APPLICATION

Last Name **First Name** **Middle Name**

Position Applying for **Date**

APPLICATION FOR EMPLOYMENT

Please Print **Date** _____

Last Name First Name Middle Initial Social Security Number

Street Address

City State Zip Code Area Code & Phone Number

Are You Above the Age of 16? Are you legally permitted to work in the USA?

Have you filed an application or been employed here before? Yes No If yes, when? _____

How did you learn about the job for which you are applying?

Job Interest:

Position applied for _____ Salary requested _____

Type of position requested: _____

___ Full Time ___ Part Time Days and Hours Available to work: _____

___ Regular ___ Temporary Date Available to Start Work _____

Are there any hours or shifts you are unable to work? If so, please describe. ___ Yes ___ No

Education Record:

Name of School _____ Location _____ Curriculum/Major _____ Grade or Degree Completed _____

High School _____

Collage or University _____

Trade or Vocational _____

Business or Other _____

Where applicable, License or Certificate must accompany this Application.
Professional Registration or License Number, if applicable: _____.

EMPLOYMENT RECORD

List current or most recent employer first. May we contact your present employer? ___ Yes ___ No

***Present or Last Employer** **Address** **City** **State** **Zip Code**

From: Month/Yr To: Month/Yr Reason for Leaving Last Salary

Job Title Supervisors Name & Phone # ___ Full or ___ Part Time

Description of Duties _____

.....

***Present or Last Employer** **Address** **City** **State** **Zip Code**

From: Month/Yr To: Month/Yr Reason for Leaving Last Salary

Job Title Supervisors Name & Phone # ___ Full or ___ Part Time

Description of Duties

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***Present or Last Employer** **Address** **City** **State** **Zip Code**

From: Month/Yr To: Month/Yr Reason for Leaving Last Salary

Job Title Supervisors Name & Phone # ___ Full o r ___ Part Time

Description of Duties

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***Present or Last Employer** **Address** **City** **State** **Zip Code**

From: Month/Yr To: Month/Yr Reason for Leaving Last Salary

Job Title Supervisors Name & Phone # ___ Full or ___ Part Time

Description of Duties



APPLICANT FLOW SURVEY FORM

**Last Name
Initial(s)**

First Name

Middle

Position(s) for which you are applying

Date

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to the Minnesota Department of Human Rights. Please help us gather this information by identifying your sex, race or ethnicity and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

1. Group Status

2. Gender

Caucasian (not of Hispanic Origin) Male

Black (not of Hispanic Origin) Female

Hispanic Origin

Asian or Pacific Islander

Native American or Alaskan Native (not of Hispanic Origin)

3. Disability Status

I have a disability:

Yes

No

***This form is *not used for employment decisions*.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.