



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin. Please fill out the required information and fax to: 507.736.2189 or contact us at: 507.736.2187

Date / /

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> If so may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When?	

Personal Information

Last Name	First Name	Middle Name
Address (number, Street, City, State, Zip Code)		
Social Security Number	Home Telephone Number	Referred By

Education

High School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	

General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

NOTES:

Employment History (list Present or Most Recent Positions First)

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

I certify that the information provided is true and correct. Signature _____