



**Human Resources**  
**English Rose Suites**  
**1708 Pondview Terrace**  
**Wayzata, MN 55391**  
**Fax: (952) 253-2548**

# Application for Employment

It is the policy of this company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Name \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ (Cell) \_\_\_\_\_ (E-mail address) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Position applied for \_\_\_\_\_ Shift preferred: 1  2  3  Any

Special training or skills that would benefit you in the job for which you are applying: \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Either

This position will require you to lift up to 50 lbs on a regular basis. Are you able to perform this task with or without reasonable accommodations? \_\_\_ Yes \_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before?  No  Yes Dates \_\_\_\_\_

Do you have a legal right to be employed in the U.S.?  Yes (If yes, proof is required.)  No

Are you of legal age to work?  Yes  No Are you willing to undergo a drug test?  Yes  No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

1. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

## Educational Background

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

## References (2 work related and 1 personal)

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	( )	
	( )	
	( )	

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_