

Application for Employment

525 S. Lake Avenue, Suite 222 Duluth, MN 55802
phone: (218) 279-8363 • fax: (218) 740-4619

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile/Beeper/Other Phone# () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source (Please check the appropriate category and name the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Other Internet _____
- School _____
- Job Fair _____
- Staffing Agency _____
- Government _____
- Employment Agency _____
- Other _____

If necessary, best time to call you at home is _____ : _____
AM PM

May we contact you at work? Yes No

If **yes**, work number and best time to call:
() _____ : _____
AM PM

If you are under 18 and it is required,
can you furnish a work permit? Yes No

If **no**, please explain _____

Have you submitted an application here before? Yes No

If **yes**, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If **yes**, give dates From ___/___/___ To ___/___/___

Are you legally eligible for employment
in this country? Yes No

Date available for work ___/___/___

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full Time Part-Time

Educational Co-Op Seasonal Temporary

Type of work schedule interested in: (Check all that apply.)

Days (1st Shift) Evenings (2nd Shift) Nights (2nd Shift) Pool

Weekends Split Shift Rotating Shift Overtime

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you,
are you able to meet the attendance
requirements of the position? N/A Yes No

Will you work overtime if required? Yes No

If **no**, please explain _____

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question 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.

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

If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed	Month / Year	to	Month / Year
Street address	City	State			
Starting job title/final job title		<input type="radio"/> Hourly	<input type="radio"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$			
Why did you leave?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Later	
		<input type="radio"/> Hourly	<input type="radio"/> Salary	\$	per
		Commission/Bonus/Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer	Telephone # ()	Dates employed	Month / Year	to	Month / Year
Street address	City	State			
Starting job title/final job title		<input type="radio"/> Hourly	<input type="radio"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$			
Why did you leave?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Later	
		<input type="radio"/> Hourly	<input type="radio"/> Salary	\$	per
		Commission/Bonus/Other Compensation \$			
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Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$			
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Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$			
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		<input type="radio"/> Hourly	<input type="radio"/> Salary	\$	per
		Commission/Bonus/Other Compensation \$			
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What were the things you liked least about the position?					

Employment History

Explain any gaps in your employment other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain _____

Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualifications (i.e., areas such as special equipment, typing speed, software programs.)

Do you speak, read or write in any language other than English? Yes No

If **yes**, please describe _____

Education and Training

Name & Address of School	# of Years	Course/Major	Diploma/Degree

Professional & Technical

License & Number	Type	Place of Issue	Expiration Date
			/ /
			/ /

Membership in professional organizations: If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? Yes No

If yes, please give date, location, and disposition of your case _____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current, or a prior job, have you ever written instructions or directions to be followed by employees, patients, or others?

Yes No Not Applicable

If **yes**, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

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, resumé 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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application remains current for only 30 days. 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 for me 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 with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 president.

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

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) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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 ____/____/____

Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

The employer is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

please print

Position(s) applied for _____ Date _____

Referral Source –please circle

- Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement – Source _____ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone # (_____) _____

Address _____
Street City State Zip Code

Please circle

- Male Female

Please circle one of the following Equal Employment Opportunity Identification Groups:

- African American Black Asian/Pacific Islander Caucasian/White
 Hispanic/Latino(a) Native American Other

For Administrative Use Only

Position (s) applied for: Circle one Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of Hire _____

From the EEO job classifications listed below, which one best describes the position filled? – Please circle

- Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date _____