



720 Dawn Avenue
Thief River Falls, MN 56701
218.681.7299

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity employer.

PERSONAL (Please Print) Date _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip

Telephone No. _____ Referred By: Our Advt. Emp. Agency Friend or Relative No One

Are you over 18 years of age? Yes No *If NO, a work permit will be required.*

Are you legally eligible for permanent employment in the United States? _____ *(if hired, verification will be required by law).*

Position(s) applied for _____ Full Time Part Time

If part time, check days/hours available: Mon. _____ to _____ ; Tues. _____ to _____ ; Wed. _____ to _____ ;
 AM PM AM PM AM PM

Thurs. _____ to _____ ; Fri. _____ to _____ ; Sat. _____ to _____ ; Sun. _____ to _____ .
 AM PM AM PM AM PM AM PM

Date you are available to start work: ___ / ___ / ___ . Salary or Wages desired: \$ _____ Hour Week

Have you worked for us before? _____ If YES, when? _____ Position _____

Indicate special qualifications or skills _____

EDUCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
NAME & LOCATION OF SCHOOL			
ELEMENTARY			
HIGH SCHOOL			
COLLEGE	Major _____ Degree _____		
OTHER			

Are you employed at the present time? Yes No If hired, will you work overtime if required? Yes No

Have you ever been bonded in prior employment? _____ If YES, list name(s) of employer(s). _____

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? _____ If YES, list convictions:
(A conviction does not necessarily disqualify an applicant for the position being applied for).

PRIOR EMPLOYMENT

(Start with most recent employer)

Employer	Phone ()	From	To
Address City, State, Zip		Position	
Duties		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving		Final Salary/Wages	
Employer	Phone ()	From	To
Address City, State, Zip		Position	
Duties		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving		Final Salary/Wages	
Employer	Phone ()	From	To
Address City, State, Zip		Position	
Duties		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving		Final Salary/Wages	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

PERSONAL REFERENCES

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

The above information is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW: _____	

Accepted for employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No Position: _____
Starting Rate \$_____ per	<input type="checkbox"/> Hour <input type="checkbox"/> Week Scheduled to start work: ___ / ___ / ___
Interviewed By: _____	Date: ___ / ___ / ___
Approved By: _____	Date: ___ / ___ / ___