



250 West Bradshaw Street
Le Center, MN 56057
Phone (507) 357-2272 Fax (507)357-4478

Employment Application

Date: _____

Full Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Best Time to reach you: _____

Date available to start working: ____/____/____ Desired Salary: \$ _____

What shift are you applying for? 1st (6:00 a.m. – 2:30 p.m. M- F) 2nd (2:30 p.m. – 11:00 p.m. M-F)

Have you submitted an application before? Yes No

Have you worked here before? Yes No

Are you legally eligible to work in the United States? Yes No

Desired employment: Full - Time Part – Time Seasonal Temporary

Previous Work History

Company: _____ Phone: (____) - ____ - ____

Address: _____
Street City State Zip Code

Dates Worked: ____/____/____ Start End

Wage: \$ ____ Start \$ ____ End Supervisor: _____

May we contact your previous employer? Yes No

Duties: _____

Reason for Leaving: _____

What did you like most about this job? _____

Company: _____ Phone: () - -

Address: _____
Street City State Zip Code

Dates Worked: _____ / _____ / _____
Start End

Wage: \$ _____ \$ _____ Supervisor: _____
Start End

May we contact your previous employer? Yes No

Duties: _____

Reason for Leaving: _____

What did you like most about this job? _____

Company: _____ Phone: () - -

Address: _____
Street City State Zip Code

Dates Worked: _____ / _____ / _____
Start End

Wage: \$ _____ \$ _____ Supervisor: _____
Start End

May we contact your previous employer? Yes No

Duties: _____

Reason for Leaving: _____

What did you like most about this job? _____

Skills

Summarize any special skills, trainings, licenses or certificates that you may have that would be beneficial to this position: _____

Education

School	Years Completed	Completed
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Other
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Other
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Other

References

Please list three references of individuals that are not related to you.

Name	Relationship	Phone Number	Years Known

Disclaimer and Signature

I certify that my answers are true and complete to the best of knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____