

EMPLOYMENT ENTERPRISES, INC.

307 NORTHWEST NINTH AVENUE

P.O. BOX 303

LITTLE FALLS, MN 56345

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Name (Last, First, Middle Initial):	Date:
	Street Address:	Home Phone No.:
	City, State, Zip:	Social Security No.:
	Have You Ever Applied for Employment With E.E.I. Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Month and Year _____	Are You More Than 18 Years of Age? Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Desired:	Expected Pay:
	Are you Available for Work: Please Check: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporarily Specify Days and Hours if Part-Time _____	Will You Work Overtime If Asked? Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are You Legally Entitled to Work in the United States? Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available to Begin Work:
	Other Special Training, Skills, or Experiences That You Feel Would Be Helpful in Considering Your Qualifications: _____ _____ _____	
Describe Your Work Interests: _____ _____		

E D U C A T I O N	School	School Name and Location	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				[] Yes [] No	
	College				[] Yes [] No	
	Business/ Trade				[] Yes [] No	
	High School				[] Yes [] No	

Please List Membership in Professional or Civic Organizations and Any Licenses or Registrations of a Profession or Trade. (Exclude Any That May Disclose Your Race, Color, Religion, or National Origin)

EMPLOYMENT
Please Begin With Your Present or Last Position. List All Work Experience. If Additional Space Is Needed, You May Attach a Separate Sheet.

(1)	Company:	Phone:
	Address:	Employment Dates: From _____ To _____
	Name of Supervisor:	Pay: Start _____ Last _____
	State Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving: _____ _____

(2)	Company:	Phone:
	Address:	Employment Dates: From _____ To _____
	Name of Supervisor:	Pay: Start _____ Last _____
	State Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving: _____ _____

(3)	Company:	Phone:
	Address:	Employment Dates: From _____ To _____
	Name of Supervisor:	Pay: Start _____ Last _____
	State Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving: _____ _____

(4)	Company:	Phone:
	Address:	Employment Dates: From _____ To _____
	Name of Supervisor:	Pay: Start _____ Last _____
	State Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving: _____ _____

(5)	Company:	Phone:
	Address:	Employment Dates: From _____ To _____
	Name of Supervisor:	Pay: Start _____ Last _____
	State Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving: _____ _____

(6)	Company:	Phone:
	Address:	Employment Dates: From _____ To _____
	Name of Supervisor:	Pay: Start _____ Last _____
	State Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving: _____ _____

If You Wish, You May Account for Any Time Gaps in Your Employment History. _____ _____ _____
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We May Contact the Employers Listed Above, Unless You Indicate Those You Do Not Want Us to Contact.	
Employer No(s). _____	Reason _____
_____	_____
_____	_____

REFERENCES		
(Do Not List Former Employers or Relatives.)		
Name	Address	Phone No.

EMERGENCY CONTACT		
Name	Address	Phone No.
Relationship:		

Have You Read the Job Description for the Position You Are Applying?	Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Understand What You Read?	Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No
Can You Perform These Duties With or Without Accommodations?	Please Check: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Accommodations Are Necessary, Please Describe: _____	

The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

The State of Minnesota requires that a background study be submitted prior to any direct contact with Employment Enterprises, Inc.'s consumer employees. If employment is offered to you and you accept employment, a background study will be submitted to the State of Minnesota, and it must be returned with clearance prior to scheduling orientation. I understand if the study results in a disqualification, I will not be eligible for employment. I also understand that acceptance of an offer of employment does not create a contractual obligation upon Employment Enterprises, Inc., to continue to employ me in the future.

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AUTHORIZATION

I authorize investigation of all statements contained in this application. I authorize Employment Enterprises, Inc., to obtain information about me from my previous employers and schools (except as noted on page 3). I authorize my previous employers and the schools that I have attended to disclose to Employment Enterprises, Inc., such information about me as Employment Enterprises, Inc., requests.

Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

(OFFICE USE ONLY)

Date Hired _____ Anniversary Date (First Day of Work) _____

Classification _____ Position _____

Status _____ Beginning Salary/Hourly Rate _____

Salary Changes: Effective Date _____ New Amount _____