

# EMPLOYMENT ENTERPRISES, INC.

307 NORTHWEST NINTH AVENUE

P.O. BOX 303

LITTLE FALLS, MN 56345

## APPLICATION FOR EMPLOYMENT

<b>P E R S O N A L</b>	Name (Last, First, Middle Initial):	Date:
	Street Address:	Home Phone No.:
	City, State, Zip:	Cell Phone 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: _____ _____	

<b>E D U C A T I O N</b>	<b>School</b>	<b>School Name and Location</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Did You Graduate?</b>	<b>Degree or Diploma</b>
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
	State Job Title and Describe Your Work: _____ _____ _____	Reason for Leaving: _____ _____

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

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

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

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

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

If You Wish, You May Account for Any Time Gaps in Your Employment History. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: _____	
_____	
_____	

<p>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.</p> <p>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.</p>	
Signature	Date

**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 \_\_\_\_\_