

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, national origin, handicap or veteran status.

<b>P E R S O N A L</b>	Last Name	First Name	Middle	Date
	Street Address			Home Telephone
	City	State	Zip	email
	Position Desired			Pay Expected?
	Apart from time for religious observation, are you available for full-time work? If not, what hours can you work?			Yes No
	Are you legally eligible for employment in the United States?			Will you work overtime?
	Have you ever applied for employment with us?			When available to begin?
	Other special training or skills (languages, machine operation, etc.)			

<b>E D U C A T I O N</b>	School	Name & Location	Course of Study	No. of Years	Year Graduated
	High School				
	Business/ Trade/ Technical				
	College				
	Graduate				
	Membership in Professional or Civic Organizations				

<b>V E T E R A N S H I P</b>	Did you serve in the U.S. Armed Services?
	If so, what Branch?
	Describe any training received relevant to the position for which you are applying.

# EMPLOYMENT

Please give an accurate and complete full-time and part time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone
	Address	Employed (month & year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	Job Title & Description of Your Work	Reason for Leaving
<b>2</b>	Company Name	Telephone
	Address	Employed (month & year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	Job Title & Description of Your Work	Reason for Leaving
<b>3</b>	Company Name	Telephone
	Address	Employed (month & year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	Job Title & Description of Your Work	Reason for Leaving
<b>4</b>	Company Name	Telephone
	Address	Employed (month & year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	Job Title & Description of Your Work	Reason for Leaving

List here employers you do not want us to contact:

Employer(s) Name Reason:
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You may be required to take a physical test as part of the interview process. The test would require the following:

- lifting 50 lbs.
- moving tables
- pushing chair carts
- using snow blower
- climbing stairs

**Answer the following questions only if their box is checked.** The information requested is needed for a legally permissible reason, including, without limitations, national security considerations, a legitimate occupational qualification of business necessity.

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? If yes, explain.

State names of any relatives and friends working for us, other than your spouse.

Have you received Worker's Compensation or Disability Income payments? If yes, describe.

Do you have any physical defects which preclude you from performing certain jobs? If yes, describe.

Do you have any physical condition which might limit your ability to perform the job for which you are applying? If yes, describe this condition and how you can perform the job in spite of it.

Have you had any major illness in the past 5 years: If yes, please describe.

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Give the name, address and telephone number of three references who are not related to you and are not previous employers.

<u>Name/Contact Ph or Email</u>	<u>Relationship</u>
1	
2	
3	

With this signature, I attest that the information provided in this Application for Employment is true, correct and complete. If hired, I understand that any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon MN Landmarks to continue to employ me in the future. I authorize MN Landmarks to engage reporting agencies to report on my credit and personal history. If a report is obtained, I understand that you will provide, at my request, the agency name so I may obtain from them the nature and substance of the report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_