



# MINNESOTA APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

(Please Print)

Date (m/d/y)	Last Name	First Name	Middle Name
Present Address: Street	City	State	Zip
Previous Address: Street	City	State	Zip
Phone No. ( )	If no phone, how may we contact you?		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof that you are legally permitted to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you referred: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment <input type="checkbox"/> Relative		
Have you ever been employed by this company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please complete the following:		
Company:	Dates employed: From: To:	Department:	
Supervisor:	Reason for termination of employment:		
Are any of your relatives presently employed with the company or its divisions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of relative:		
Have you ever applied for the company or its divisions before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? Approximate date: mo/yr.		

## EMPLOYMENT DESIRED

Position:	Date you can start: (m/d/y)	Salary Desired:	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No						
			If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>PLEASE CHECK SCHEDULE AVAILABILITY:</b>									
<input type="checkbox"/> I am available and desire to work FULL-TIME. (Complete Section B.)		<input type="checkbox"/> I am available and desire to work PART-TIME (please complete Sections A & B).							
<b>A.</b>	I am only available for PART-TIME because: <input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain):								
<b>B.</b>		MON	TUE	WED	THUR	FRI	SAT	SUN	<b>ATTENDANCE AND PUNCTUALITY INFORMATION</b> Consistent attendance and punctuality are essential requirements of every job with this company. Is there any other factor you would like us to consider regarding scheduling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
	From								
	To								
<b>NOTE:</b> Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.									

COMPLETE REVERSE SIDE

## EDUCATION

Name and Location of School		Circle Last Year Completed	Did you Graduate	Subjects Studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What business machines can you operate?			Type WPM	
Calculator/Adding Machine	By touch:	Cash Register:	Computer	
Special skills or experience?				
What languages do you speak fluently?				

## FORMER EMPLOYERS: List Below Last Four Employers, Starting With The Most Recent

Date		Name, Address and Telephone # of Employer	Last Pay Rate	Position	Immediate Supervisor	Reason for Leaving
From:	To:					
From:	To:					
From:	To:					
From:	To:					

## REFERENCES: Give Below the Names of Three Persons Not Related To You, Whom You have Known At Least One Year

Name	Business/Address	Telephone
1.		
2.		
3.		

## PHYSICAL RECORD

Do you have any conditions which may restrict you from performing the essential functions of the job applied for ?  Yes  No

### APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Professional Employer Resources Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Professional Employer Resources Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at-will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Interviewed by

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant should be sent to