



APPLICATION FOR EMPLOYMENT

2907 Clearwater Road St. Cloud, MN 56301
Phone: 320-230-6348

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. #	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. #	CITY	STATE	ZIP
PHONE	E-MAIL		ARE YOU 18 YEARS OR OLDER? YES NO	

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO MAY WE INQUIRE OF YOUR EMPLOYER? YES NO		NAME AND PHONE #
WHO REFERRED YOU TO THIS COMPANY? (CIRCLE ALL THAT APPLY)			
EMPLOYMENT AGENCY	NEWSPAPER	FRIEND	
STATE EMPLOYMENT OFFICE	COLLEGE PLACEMENT SERVICE	WALK IN	OTHER
AVAILABILITY			
FULL TIME		PART TIME	
MON. ___AM ___PM	TUES. ___AM ___PM	WED. ___AM ___PM	
THURS. ___AM ___PM	FRI. ___AM ___PM	SAT. ___AM ___PM	SUN. ___AM ___PM

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	YEAR GRADUATED	(SUBJECTS STUDIED)
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				(SUBJECTS STUDIED)
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				(SUBJECTS STUDIED)
SUBJECTS OF SPECIAL TRAINING OR SPECIAL SKILLS		CURRENTLY CERTIFIED IN		
		FIRST AID		
		CPR		
		OTHER		