

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PLEASE FILL OUT COMPLETELY, EVEN IF RESUME IS SUBMITTED.
DO NOT WRITE "SEE RESUME". PLEASE USE BLACK OR BLUE INK ONLY.

PERSONAL INFORMATION

NAME: LAST		FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
PRESENT PHYSICAL ADDRESS			CITY	STATE	ZIP
PRESENT MAILING ADDRESS (leave BLANK if same as above)			CITY	STATE	ZIP
HOME PHONE <input type="checkbox"/> PREFERRED	WIRELESS PHONE <input type="checkbox"/> PREFERRED		REFERRED BY		
() -	() -				

EMPLOYMENT DESIRED

POSITION		DATE AVAILABLE TO START		DESIRED SALARY	
ARE YOU CURRENTLY EMPLOYED?	YES NO	IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?	YES NO	ARE YOU WILLING TO WORK NIGHT AND WEEKEND EVENTS?	YES NO
THIS BOX IS INTENTIONALLY LEFT BLANK					

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY?	YES NO	IF HIRED, ARE YOU ABLE TO PROVIDE PROOF OF ELIGIBILITY?	YES NO	ARE YOU AT LEAST 18 YEARS OF AGE?	YES NO
HAVE YOU WORKED FOR WITH THIS COMPANY BEFORE?	YES NO	IF NO, HAVE YOU APPLIED FOR EMPLOYMENT WITH THIS COMPANY BEFORE?	YES NO	DO YOU HAVE RELIABLE TRANSPORTATION TO / FROM WORK?	YES NO

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. YEARS ATTENDED	DID YOU GRADUATE?	AREA OF DEGREE / DIPLOMA
HIGH SCHOOL				
COLLEGE				
VOCATIONAL SCHOOL				

MILITARY

BRANCH OF SERVICE	ACTIVE DUTY (MM/YY)
	FROM TO
DUTIES AND SPECIAL TRAINING	RANK AT DISCHARGE
	DATE OF FINAL DISCHARGE (MM/DD/YY)

EXPERIENCE

1	COMPANY NAME			TELEPHONE		
	STREET ADDRESS			() -		
	CITY			EMPLOYED (MM/YY)		
	STATE	ZIP	FROM	TO		
	JOB TITLE			SALARY		
DUTIES			START LAST			
REASON FOR LEAVING			NAME OF SUPERVISOR			
			MAY WE CONTACT?		YES NO	
			IF NO, WHY?			

2	COMPANY NAME				TELEPHONE () -	
	STREET ADDRESS				EMPLOYED (MM/YY)	
	CITY		STATE	ZIP	FROM	TO
	JOB TITLE		DUTIES		SALARY	NAME OF SUPERVISOR
	REASON FOR LEAVING				MAY WE CONTACT?	YES NO
3	COMPANY NAME				TELEPHONE () -	
	STREET ADDRESS				EMPLOYED (MM/YY)	
	CITY		STATE	ZIP	FROM	TO
	JOB TITLE		DUTIES		SALARY	NAME OF SUPERVISOR
	REASON FOR LEAVING				MAY WE CONTACT?	YES NO
4	COMPANY NAME				TELEPHONE () -	
	STREET ADDRESS				EMPLOYED (MM/YY)	
	CITY		STATE	ZIP	FROM	TO
	JOB TITLE		DUTIES		SALARY	NAME OF SUPERVISOR
	REASON FOR LEAVING				MAY WE CONTACT?	YES NO

REFERENCES: List three individuals not related to nor residing with you, whom you have known for at least one year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this Application for Employment may result in termination of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I hereby authorize you, the Employer, to engage an investigative reporting agency to report on my credit and/or personal history, if you so chose. If a report is obtained by you from such an agency, you must provide, at my request, the name and contact information of the agency so I may obtain from them the nature and substance of information contained within the report.

SIGNATURE _____ DATE (MM/DD/YYYY) _____

Please complete and return to: Watertown Area Chamber of Commerce PO Box 994 WATERTOWN, MN 55388-0994	or complete and return in person to: Bonnie Salazar R&B Restaurant 117 Lewis Ave S Watertown, MN 55388
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OFFICE USE ONLY	
Date Received:	Received By: