



# APPLICATION FOR EMPLOYMENT

[ ] BECKER or [ ] ST. CLOUD

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

Position(s) Applied For	Cashier/Waitress or Delivery Driver/Cook	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip
Telephone Number(s)		Social Security Number (Voluntary)

(PLEASE PRINT)

Best time to contact you at home is: \_\_\_\_\_ am pm

Are you at least 16 years of age, and can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No

If Yes, state name, relationship, and location \_\_\_\_\_

Are you currently employed?  Yes  No

If so, may we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full time (Please indicate 1 2 3 shift)

Part time (Please indicate Morning Afternoon Evening)

Temporary (Please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

If applying for delivery driver, do you have a car, valid driver's license, and insurance?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION**

School	Name and Address of School	Courses of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	<b>Dates employed</b>		Work Performed
	From	To	
Address			
Telephone No(s).	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	<b>Dates employed</b>		Work Performed
	From	To	
Address			
Telephone No(s).	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	<b>Dates employed</b>		Work Performed
	From	To	
Address			
Telephone No(s).	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Comments: Include explanation of any gaps in employment.**

**Describe any job-related training received in the U.S. military.**

**List professional, trade, business, or civic activities and offices held.**

**ADDITIONAL INFORMATION**

**Other qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*

**SPECIALIZED SKILLS (Skills/Equipment Operated)**

State any additional information you feel may be helpful to us in considering your application.

**Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which are have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

**PERSONAL/PROFESSIONAL REFERENCES—Do not include family members or past supervisors.**

Name	Phone No.	Best Time to Call	Occupation

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date