



DATE: _____

Application For Employment

165 HWY 19
Vesta, MN 56292
PH: (507) 762-2005
FAX: (507) 762-3029

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

Personal Information

Full Name: _____ Date Available: _____
Last First M.I. MM/DD/YYYY

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you 18 years of age or older? YES NO DOB (optional) _____

Salary/ Hourly Requirement? YES NO Minimum _____

Position

Position Applied for: _____ Referred by: _____

Days Available: Monday Tuesday Wednesday Thursday Friday Weekends Overtime

Hours Available: Normally 7am-5pm FROM _____ TO _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three (3) professional references. (Preferably unrelated)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Measuring Test

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