

Application for Employment

Directions: Fill out this application as if you were applying for a job. Bring this application with you to reference when you fill out actual applications.

Ban the Box: Minnesota passed a new law called “Ban the Box” in 2014. This means employers can't ask you about your criminal history on a job application. Because it is a newer law, you might still find these types of questions on some applications. If you come across these types of questions, you can report it. Contact the Minnesota Department of Human Rights at 1-800-657-3704.

Employers can still ask applicants about criminal convictions in the job interview.

There are some types of jobs that “Ban the box” does not apply to. For example, if a job requires a background check, like a Department of Human Services licensed position, “Ban the box” will not apply.

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Date of Birth: _____ U.S. Citizen: Yes No
 ID/Driver's License #: _____ Social Security #: _____
 Current Address: _____
 City: _____ State: _____ Zip: _____ Length of Time There: _____
 Telephone #: _____ Cell Phone #: _____
 Permanent Address (if different from present): _____
 City: _____ State: _____ Zip: _____

Education

Type of School	Name/ Location	# of Years At- tended	Graduation Date	Degree(s) or Diploma(s)	Major Field(s) of Study
High School					
Business/Tech School					
Graduate School					
College/University Undergraduate					
Other Training (explain)					
Other Training (explain)					

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Skills

Languages Spoken/Written: _____
Special Training: _____
Computer Skills: _____
Machines/Equipment You Can Operate: _____

U.S. Military Service

Branch: _____ Date Entered: _____ Date Discharged: _____
Rank: _____
Special Training/Duties: _____

Employment Experience

1. Employer Name/Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Dates Employed (Month/Year): _____ to _____
Job Title: _____
Duties: _____
Starting Salary: _____ Ending Salary: _____ Reasoning For Leaving: _____
Supervisor/Manager Name: _____
Is this your current employer? Yes No May we contact this employer? Yes No

2. Employer Name/Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone #: _____ Dates Employed (Month/Year): _____ to _____
Job Title: _____
Duties: _____
Starting Salary: _____ Ending Salary: _____ Reasoning For Leaving: _____
Supervisor/Manager Name: _____
Is this your current employer? Yes No May we contact this employer? Yes No

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3. Employer Name/Organization: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone #: _____ Dates Employed (Month/Year): _____ to _____
 Job Title: _____
 Duties: _____
 Starting Salary: _____ Ending Salary: _____ Reasoning For Leaving: _____
 Supervisor/Manager Name: _____
 Is this your current employer? Yes No May we contact this employer? Yes No

4. Employer Name/Organization: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone #: _____ Dates Employed (Month/Year): _____ to _____
 Job Title: _____
 Duties: _____
 Starting Salary: _____ Ending Salary: _____ Reasoning For Leaving: _____
 Supervisor/Manager Name: _____
 Is this your current employer? Yes No May we contact this employer? Yes No

References

1. Name: _____	Affiliation: _____
Telephone: _____	# Years Known: _____
2. Name: _____	Affiliation: _____
Telephone: _____	# Years Known: _____
3. Name: _____	Affiliation: _____
Telephone: _____	# Years Known: _____

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment, regardless of the timing or circumstances of discovery.

In consideration for employment with *company,* if employed, I agree to comply with the rules, regulations, policies, and procedures of *company* at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with *company,* I will be required to submit to a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS

Date _____ Signature _____