Employment Application Form

Bright Child CDC

110 6th Avenue North

Princeton, MN 55371

| Date: |
| --- |

# PERSONAL

| Name: |
| --- |

First Middle Last

| Address: |
| --- |
| City: State: Zip Code: |

Have you been convicted of a felony in the past 5 years?

|  |  |
| --- | --- |

| Are you legally eligible to work in the United States of America? |
| --- |

Are you under any obligation to a previous employer, through a covenant not to compete, or otherwise restricted in acceptance of employment with a competitive firm?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If referred by one of our employees, indicate his or her name:

|  |
| --- |

Name Address Phone No.

# GOALS

| Position Choice: Date you can start: |
| --- |
|  |
| What are your hourly, weekly or annual salary requirements? |
|  |
| Days/Hours Available: |

# EMPLOYMENT HISTORY

List in order with the LAST employer first. Account for the last 5 years, or years worked if less than 5 years. Use supplemental sheets if necessary.

| 1.Company Name: Location: | | | |
| --- | --- | --- | --- |
| Start Date: | End Date: | Job Title: | Reason For Leaving: |
| Description of Duties: | | | |
| Supervisor Name/Phone Number or Email:  May we contact your supervisor? | | | |

# 

| 2.Company Name: Location: | | | |
| --- | --- | --- | --- |
| Start Date: | End Date: | Job Title: | Reason For Leaving: |
| Description of Duties: | | | |
| Supervisor Name/Phone Number or Email:  May we contact your supervisor? | | | |

| 3.Company Name: Location: | | | |
| --- | --- | --- | --- |
| Start Date: | End Date: | Job Title: | Reason For Leaving: |
| Description of Duties: | | | |
| Supervisor Name/Phone Number or Email:  May we contact your supervisor? | | | |

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**Educational Background**

| Name and Location: | Years Completed | Did you Graduate  Yes/No | Major/Minor  Subjects | Location of School |
| --- | --- | --- | --- | --- |
| High School |  |  |  |  |
| Colleges |  |  |  |  |

**REFERENCES**

List two professional references.  We prefer two previous managers/supervisors along with current or past coworkers or subordinates.

|  |
| --- |

Name Phone Email Relationship Company where you both worked Years Known

|  |
| --- |

Name Phone Email Relationship Company where you both worked Years Known

If you wish to give any additional information, please use this space:

|  |
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RELEASE

I certify that the answers given by me to all of the questions in this application are, to the best of my knowledge and belief, true and correct without reservations of any kind. I understand that if employed, falsified statements on this application shall be grounds for disciplinary action including dismissal. I further affirm that I have not knowingly withheld any facts or circumstances that would materially affect this application. I authorize this company to investigate and verify all information contained in this application and to contact individuals I have given permission to contact to inquire about my work performance, education, or other information contained herein. I release former employers, educational institutions, and all concerned from liability in connection with any information that they may give.

I understand that this application does not create an offer of employment. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

| Applicant’s Signature |
| --- |
| If emailing this form – typing your name and dating the application constitutes your signature.  Date |

| For Office Use Only: |
| --- |
| Interview Date & Time: |
| Interviewed By: |
| Comments: |
|  |
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