



**Central Minnesota Educational Research & Development Council**  
 Main Office: 570 First Street SE, St. Cloud, MN 56304 • 320.202.0992  
 Metro Office: 3550 Lexington Avenue North, Shoreview, MN 55126 • 651-765-7724

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST, FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARIED DESIRED
ARE YOU CURRENTLY EMPLOYED?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	
EVER APPLIED TO THIS COMPANY BEFORE?  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	WHERE	WHEN

### EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE EARNED
GRAMMAR SCHOOL		
HIGH SCHOOL		
COLLEGE		
ADDITIONAL EDUCATION		

**EMPLOYMENT HISTORY** (LIST BELOW LAST 4 EMPLOYERS, STARTING WITH THE MOST CURRENT)

MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (PLEASE LIST PEOPLE YOU KNOW PROFESSIONALLY)

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that my result from utilization of such information. 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.”

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



EQUAL OPPORTUNITY EMPLOYER