



APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle Name	
<hr/>			
Address	City	State	Zip Code
<hr/>			
Telephone Number(s)			
<hr/>			
E-Mail Address			
<hr/>			

Position(s) Applied For:	Date of Application:
<hr/>	
Have you ever filed an application with us before? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, give date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Have you ever been employed with us before? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, give date <input type="text"/> / <input type="text"/> / <input type="text"/>	

Date available for work <input type="text"/> / <input type="text"/> / <input type="text"/>	Desired salary range: <input type="text"/>
Are you available to work:	
Full-Time	(please indicate: AM's PM's Overnights)
Part-Time	(please indicate: AM's PM's Overnights)
Temporary	(please indicate: Dates available <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>)

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Technical Education				
Degree				
Other (Specify)				

ADDITIONAL INFORMATION

Summarize special job-related skills, computer skills, and qualifications acquired from employment or other experience: _____



EMPLOYMENT 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	Work Performed	
Address		
Telephone Number(s)	<u>Dates</u> <u>Employed</u> From: __/__/__ To: __/__/__	
Job Title Supervisor		
Reason for Leaving		
Employer	Work Performed	
Address		
Telephone Number(s)	<u>Dates</u> <u>Employed</u> From: __/__/__ To: __/__/__	
Job Title Supervisor		
Reason for Leaving		
Employer	Work Performed	
Address		
Telephone Number(s)	<u>Dates</u> <u>Employed</u> From: __/__/__ To: __/__/__	
Job Title Supervisor		
Reason for Leaving		



REFERENCES

1.

NAME

PHONE #

ADDRESS

RELATIONSHIP

HOW LONG KNOWN

2.

NAME

PHONE #

ADDRESS

RELATIONSHIP

HOW LONG KNOWN

3.

NAME

PHONE #

ADDRESS

RELATIONSHIP

HOW LONG KNOWN

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.

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 a 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, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

PLEASE SEND THIS COMPLETED APPLICATION TO INFO@GALEONMN.COM