

**COMMUNITY EMERGENCY SERVICE  
MINNEAPOLIS, MINNESOTA**

**Application for Employment**

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

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**Position Desired**

Position: \_\_\_\_\_ Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:  Weekends

Holidays

Nights

Overtime

Current / most recent employer: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Job duties:

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Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

**Education**

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

**Skills**

Typing speed (WPM): \_\_\_\_\_

Are you experienced in using personal computers?  Yes  No  PC  Mac

Are you able to use Microsoft Word or Excel? What other programs are you capable of using?

**Work Experience**

Please list all previous employment, beginning with the most recent.			
Employer:		Address:	
From:	To:	Position Held:	Reason for Leaving:

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Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Compensation:		Final Compensation:
Employer:		Address:
From:            To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Compensation:		Final Compensation:

**References**

Identify three persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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**Authorization and Acknowledgements**

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date