

which you are applying: Please estimate # of hours of training received:

EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent. Please be thorough. If you need additional space, attach a separate sheet with the same required information.

I.

NAME OF LAST OR PRESENT EMPLOYER		DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address	City, State, Zip	
Month/Year Started		
Supervisor's Name and Title	Phone:	Reason for Leaving:

II.

NAME OF LAST OR PRESENT EMPLOYER		DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address	City, State, Zip	
Month/Year Started		
Supervisor's Name and Title	Phone:	Reason for Leaving:

III.

NAME OF LAST OR PRESENT EMPLOYER		DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Address	City, State, Zip	
Month/Year Started		
Supervisor's Name and Title	Phone:	Reason for Leaving:

May we contact the employers above? _____ If not, indicate by number the one(s) you do not wish us to contact. _____

ARE YOU 18 YEARS OF AGE OR OLDER? _____

Length of experience (all employers) similar to position applied for: Years _____ Months _____

Do you have a valid Minnesota Driver's License? _____ Class _____

Any Restrictions? _____

HAVE WE MISSED SOMETHING IMPORTANT?

Please use the space below to indicate any volunteer work, internships, special skills, interests, or qualifications that may be helpful to us in evaluating your suitability/qualifications for the job.

A record of criminal conviction is not an automatic bar to employment, will consider the nature of the conviction in relation to the job at issue, the amount of time since conviction, employment history, and all other relevant facts and circumstances in making the hiring decision.

Have you ever been convicted of a felony? _____ If yes, explain: _____

PROFESSIONAL REFERENCES: List three persons who are not related to you who would have knowledge of your qualifications for the position for which you are applying, such as present and/or former co-workers, teachers, etc. Do not repeat names of supervisors listed under employment history.

Name and Occupation	Years Known	Address: Street, City, State	Phone Number: Work and Home

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal.

I understand that acceptance of employment does not create a contractual obligation for the Northfield Senior Center to continue to employ me in the future.

I also understand that my employment with the Northfield Senior Center is of an at-will nature. I am free to leave the Northfield Senior Center at any time and the Northfield Senior Center is free to terminate me at any time.

Signature of Applicant _____ Date _____