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| --- | --- |
| Employment application  507 Frontage Rd NE, Byron, MN 55920 Phone: (507) 775-2636 Fax: (507) 361-2636 [www.earlyadvantagedcc.com](http://www.earlyadvantagedcc.com) |  |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | | First |  | | | | | | | | | | M.I. | | Date | |  | |
| Street Address | | | |  | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | | | | | State |  | | | | | | | | | | ZIP | | | | | |
| Phone |  | | | | | | | | | | | E-mail Address | | | |  | | | | | | | | | | | | |
| Date Available | | | |  | | | | | |  | | |  | | | | | | | | Desired Salary | | |  | | | | |
| Position Applying for | | | | | |  | | | | | | | | Position Type | | | | | | Full Time  Part Time | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | YES | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | YES | | NO | | If so, when? | | | | |  | | | | | | | | | | |
| Are you 16 years old or older? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | |  | | | | | | | | Address | |  | | | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | | Degree | | | | |  | | | | | | |
| College | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | | Degree | | | | |  | | | | | | |
| Other | |  | | | | | | | | | Address | |  | | | | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | | YES | | NO | | | | Degree | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | |
| Company | | |  | | | | | | | | | | | | Phone | | | |  | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | |
| Company | | |  | | | | | | | | | | | | Phone | | | |  | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | |
| Company | | |  | | | | | | | | | | | | Phone | | | |  | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Previous Employment | | | | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
| Company | | |  | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
| Company | |  | | | | | | | | | | Phone |  | | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | | |
| Job Title | |  | | | | | | | | Starting Salary | | $ | | | Ending Salary | | | | $ |
| Responsibilities | | | | |  | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | | | From | |  | To |  | |
| Rank at Discharge | | | | | |  | | | | | | | | Type of Discharge | | | | |  |
| If other than honorable, explain | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | |
| I certify that my answers contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation on all statements contained herein and the references and employers listed about to give Early Advantage, any and all information concerning my previous employment, and any pertinent information they may have, personal and otherwise, and release Early Advantage from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of Early Advantage has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of Disability-Related or Medical information in a manner prohibited by the Americans with Disabilities Act (ADA) or other federal and/or state laws. | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | Date |  | | |