



Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of MN SNAP.

General Information

Applicant Name:

Date:

Address:

Home Phone:

City, State, ZIP

Cell Phone:

Position applied for:

Type of Employment:
(Please circle)

FT

PT

Date available
to start work:

How did you hear about this
employment opportunity?

Desired
Wage?

Please answer the following questions by circling YES or NO

YES

NO

Are you able to meet the attendance requirements of the position?

YES

NO

Are you able to meet the travel requirements of the position?

YES

NO

Have you been previously employed by our organization(s)?

YES

NO

Can you provide proof of legal employment authorization and identity?

YES

NO

If you are under 18, can you furnish a work permit if it is required?

YES

NO

Have you ever been **convicted** of a crime in the last seven years?

YES

NO

If yes, please explain (a conviction will not automatically bar employment):

Explanation:

Driver's license State of issue and number (driving the mobile surgery RV is an essential job duty):

Employment History

Employer 1:

Position:

Address:

Phone:

Supervisor/Title:

Dates Employed: From:
MM/YY

To:

Salary:
Circle one

Per/hour Per/year

Job summary:

Reason for leaving:

Employer
2:

Position:

Address:

Phone:

Supervisor/Title:

Dates Employed: From:
MM/YY

To:

Salary:
Circle one

Per/hour Per/year



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Job summary: _____

Reason for leaving: _____

Employer 3: _____

Position: _____

Address: _____

Phone: _____

Supervisor/Title: _____

Dates Employed: From: _____

To: _____

Salary: _____

Per/hour Per/year

MM/YY

Circle one

Job summary: _____

Reason for leaving: _____

Education

Institution/School

Years Completed/Major

Degree

College: _____

High School: _____

Trade/Other: _____

References:

Name

Relationship

Phone Number(s)

List three individuals who are able to speak about/answer questions regarding your work: _____

Other Skills /

Qualifications:

- I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.
- I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.
- If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
- I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.
- I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.
- I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____