



LAKELAND	HOME EMI	PLOYMENT	APPLICATION
			ALLICATION

7201 York Ave S, Suite 1304
Edina, Minnesota, 55433
P-612-816-9093
First Name:Last Name:
Date://
Permanent Address:
Phone Number://
Social Security No:/
Date of Birth://
Job Interest
Position Applied For
Indicate Availability To Work: Full Time/Part Time/Days/Evenings
Available To Start
Referral Source
Have you ever been employed by us before: Yes/No
Are you legally permitted to work in this country: Yes/No
Are you above the minimum working age of: Yes/No
Have you ever been convicted of a felony: Yes/No
If yes please explain

A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered.

Please indicate availability to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM





## Education

Туре	Name and Location	Courses Taken	Graduated Yes/No/Enrolled
High School			
College			
University			
Business, Trade, Technical			
Other			

## **Employment History**

(List previous employers beginning with most recent)

Company Name	
Business Type	
Address	
Supervisor	
Supervisor Title	
Position	
Full Time/Part Time/Temporary	
Employment Dates (mm/yy):From/To/	-
Ending Salary:	
Reason for Leaving:	May we contact: Yes/No





Company Name	
Business Type	<u> </u>
Address	
Supervisor	
Supervisor Title	
Position	
Full Time/Part Time/Temporary	
Employment Dates (mm/yy):From / To /	
Ending Salary:	
Reason for Leaving:	May we contact: Yes/No
Company Name	
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Full Time/Part Time/Temporary	
Employment Dates (mm/yy):From / To /	
Ending Salary:	
Reason for Leaving:	May we contact: Yes/No
Company Name	
Business Type	
Address	
Supervisor	
Supervisor Title	
Position	
Full Time/Part Time/Temporary	
Employment Dates (mm/yy):From / To /	
Ending Salary:	





## **Professional References**

## (Please list three professional references below)

Name	Company and Title	<b>Business Telephone</b>	Home Telephone

I declare that the facts set forth in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal.

Applicant Signature:\_\_\_\_\_\_. Date:\_\_\_/\_\_/\_\_\_\_