

# Application For Employment

**Northwest Minnesota Multi County  
Housing & Redevelopment Authority**  
**PO Box 128**  
**Mentor, MN 56736**  
**218-637-2431**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*(Please Print)*

<b>Positions Applied for</b>	<b>Date of Application</b>
------------------------------	----------------------------

**How Did You Learn About Us?**

Advertisement       Friend       Inquiry  
 Employment Agency       Relative       Other \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>			
<b>Address</b>	<b>Number</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number (s)</b>			<b>Social Security Number</b>		

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? If Yes, give date \_\_\_\_\_  Yes  No

Have you ever been employed with us before? If Yes, give date \_\_\_\_\_  Yes  No

Do any of your friends or relatives, other than spouse, work here?  Yes  No

If Yes, state name, relationship & location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or Immigration Status?  Yes  No

*(Proof of citizenship or immigration status will be required upon employment)*

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full time       Part time       Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

School	Name & Address Of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other

Employer	Dates Employed	Work Performed
Address	From / To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Salary	
Supervisor	Starting / Final	
Reason for Leaving		

Employer	Dates Employed	Work Performed
Address	From / To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Salary	
Supervisor	Starting / Final	
Reason for Leaving		

Employer	Dates Employed	Work Performed
Address	From / To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Salary	
Supervisor	Starting / Final	
Reason for Leaving		

Employer	Dates Employed	Work Performed
Address	From / To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Salary	
Supervisor	Starting / Final	
Reason for Leaving		

**Comments: Include explanation of any gaps in employment.**


**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**


**Describe any job-related training received in the United State military.**


**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry disability or other protected status:*


**ADDITIONAL INFORMATION**

**Other Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*


**SPECIALIZED SKILLS (Skills/Equipment Operated)**

<input type="checkbox"/> Terminal <input type="checkbox"/> PC/MAC <input type="checkbox"/> Typewriter _____ WPM	<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand (WPM _____)	Production/Mobile Machinery (List) _____ _____ _____	Other (list) _____ _____ _____
--	--	--	---

*State any additional information you feel may be helpful to us in considering your application.*


**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signed \_\_\_\_\_ Date \_\_\_\_\_