

# Minnesota Green Application For Employment

Applicants may be tested for illegal drugs

## NAME

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

## CURRENT ADDRESS and CONTACT

Street and number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number (if different): \_\_\_\_\_

If under the age of 18, please list your age: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position applied for: \_\_\_\_\_ Salary desired (be specific): \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ What days (circle)? Su M T W Th F Sa

## EDUCATION – please circle the most appropriate:

Some high school \_\_\_\_\_ Completed high school \_\_\_\_\_ Some technical school \_\_\_\_\_ Completed technical school \_\_\_\_\_

Some 4-year college \_\_\_\_\_ Completed 4-year college \_\_\_\_\_ Beyond 4-year college: please list \_\_\_\_\_

Degree or specialty: \_\_\_\_\_

Other, please list \_\_\_\_\_

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offence(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

Do you have a valid driver's license? No Yes

If no please explain: \_\_\_\_\_

If yes: Driver's License number: \_\_\_\_\_ State of issue \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur

Expiration date: \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Have you had any moving violations during the past three years?

If yes, please list date and violation. \_\_\_\_\_

## PREVIOUS EMPLOYMENT:

Company: _____	Company: _____	Company: _____
Position: _____	Position: _____	Position: _____
Phone: _____	Phone: _____	Phone: _____

## REFERENCES:

Please list three references, other than relatives or previous employers.

Name: _____	Name: _____	Name: _____
Position: _____	Position: _____	Position: _____
Company: _____	Company: _____	Company: _____
Phone: _____	Phone: _____	Phone: _____
Acquaintance type: _____	Acquaintance type: _____	Acquaintance type: _____

An application form makes it difficult for an individual to adequately summarize a complete background. Feel free to attach an extra sheet with additional information necessary to describe your full qualifications for the position for which you are applying.