



# HOMESOLUTIONSMN.COM

## EMPLOYMENT APPLICATION

How did you learn about us?																	
Advertisement <input type="checkbox"/>		Relative <input type="checkbox"/>		Inquire <input type="checkbox"/>		Employment Agency <input type="checkbox"/>		Friend <input type="checkbox"/>		Other <input type="checkbox"/> _____							
Applicant Information																	
Last Name						First				M.I.		Date					
Street Address									Apartment/Unit #								
City					State					ZIP							
Phone						E-mail Address											
Date Available					Social Security No.						Desired Salary						
Position Applied for																	
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain									
Have you ever been employed by us before?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain									
Do any of your friends/relatives work here?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain									
Are you currently Employed?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain									
May we contact your present employer?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If NO, explain									
Date Available to Work ____/____/____				Full-Time <input type="checkbox"/>		PLEASE INDICATE: 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> SHIFT----- Morning Afternoon Evenings											
				Part-Time <input type="checkbox"/>		PLEASE INDICATE: Morning Afternoon Evenings											
				Temporary <input type="checkbox"/>		PLEASE Indicate Dates Available: ____/____/____ to ____/____/____											
Are you currently on Lay-Off Status & Subject to recall				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain									
Can you travel if the Job requires it?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If NO, explain									
Education																	
High School						Address											
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		Year	
College						Address											
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		Year	
Other						Address											
From				To				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		Year	

References			
Please list 3 <b>PROFESSIONAL</b> references.			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
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 <input type="checkbox"/> NO <input type="checkbox"/>			

Describe IN DETAIL any specialized training, apprenticeship, skills & extra-curricular activities

List Professional, Trade, Business or Civic Activities & Offices Held

You may exclude membership which would reveal gender, race, religion, national original, age, ancestry, disability or other protect status, if you desire:

Other Qualifications or additional information you feel may be helpful to us in considering your application:

Can you Perform the functions of the job for which you are applying, either with or without a reasonable accommodation?

YES ☐

NO ☐

Explain either answer:

Military Service

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I hereby understand & 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 at any time may resign at any time & the Employer may discharge Employee at any time with or without cause.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

FOR PERSONNELL DEPARTMENT USE ONLY

Arrange Interview    YES / NO    Date of Interview    \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks:

Employed:    YES / NO    Date of Employment    \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title:

Hourly rate/Salary: