



creativegraphics

of prior lake

16511 Anna Trail • PO Box 1204 • Prior Lake, MN 55372 • Phone 952-447-5044

A Separate Application Must Be Filled Out For Each Position

Title of Position For
Which You Are Applying

NAME _____ Former Last Name if Used For Previous Application Or Employment _____

LAST _____ FIRST _____ M.I. _____

Present Mailing Address

No. & Street _____

City _____

State _____ ZIP _____

Residence Telephone No. _____

Business Telephone No. _____

Social Security No. _____

Permanent Address If Different
From Mailing Address

No. & Street _____

City _____

State _____

Zip _____

What Type of Employment Are You Seeking?

(Check Only Those Types You Will Accept)

Permanent Full-Time _____ Temporary (Up To 6 Months) _____ Summer Only _____ Permanent Part-Time _____

Seasonal-Intermittent (Yrly. Rush Periods of Varying Length) _____

When Will You Be Available For Employment? (Check One of The Following)

Now _____ Beginning _____ Upon _____ Weeks Notice To Present Employer.

APPLICANT DO NOT WRITE BELOW

ACCP.	COND. ACCP	REJT.	BY	REASON	DATE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

EDUCATION AND TRAINING

CIRCLE THE HIGHEST GRADE OR YEAR COMPLETED IN SCHOOL	5 6 7 8 9 10 11 12	NAME AND LOCATION OF HIGH SCHOOL	YEAR HIGH SCHOOL DIPLOMA GRANTED	YEAR RECEIVED GED EQUIVALENCY
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COLLEGE OR UNIVERSITY, NURSING SCHOOL, BUSINESS COLLEGE OR OTHER SCHOOLS YOU HAVE ATTENDED.
UNDER CREDITS EARNED, INDICATE NUMBER OF QUARTER OR SEMESTER HOURS.

NAME AND LOCATION	DATES ATTENDED		CREDITS		MAJOR FIELD	TYPE OF DEGREE AND YR. GRANTED
	FROM	TO	QTR.	SEM.		

CIRCLE THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8

DESCRIBE ANY SKILLS, EXPERIENCES & SPECIFIC ACCOMPLISHMENTS WHICH BETTER QUALIFY YOU FOR THIS POSITION:

DESCRIBE ANY UNDERGRADUATE AND/OR GRADUATE SCHOOL FIELD WORK:

DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE, WHICH IS NOT COVERED ABOVE, SUCH AS VOCATIONAL SCHOOLS, CORRESPONDENCE COURSES,
INSERVICE TRAINING, ETC. GIVE DATES.

LICENSURE:	PROFESSION	LICENSE NO.	CERTIFICATION NO. (P.H. NURSE)
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DO YOU HAVE A VALID DRIVERS LICENSE?	CLASS:	NUMBER:
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IF YOU ARE A MEMBER OF ANY ORGANIZATIONS WHICH MEMBERSHIPS YOU FEEL ARE PERTINENT TO THIS APPLICATION, YOU MAY LIST THE ORGANIZATIONS HERE.

DESCRIBE ANY PERTINENT VOLUNTEER AND UNPAID WORK EXPERIENCE.

Pursuant to Laws of 1975, Chapter 401, you are advised that the information requested on this form will be used for the purposes of determining job qualifications, salary rate within range and for summary data purposes. The Personnel Staff will have access to the information and copies of pages 2 & 3 will be furnished to prospective employers. You are not legally required to supply the requested information, but you cannot be considered for positions for which you are applying without answering all questions except those on Attachment A.

WORK EXPERIENCE - Provide a complete description of all qualifying experience.

This information may be used to determine if your application is accepted. Be specific. Part or all of your grade or rating may be based on this information. Start with your present or most recent job. Include any pertinent experience in the armed forces and any self employment. For part-time work, show the average number of hours worked per month. Indicate any change in job title under the same employer as a separate position. Use additional paper if necessary. Do not write - "see prior applications" in this section. We will not use any prior applications.

PRESENT OR MOST RECENT EMPLOYER	KIND OF BUSINESS	LOCATION (CITY AND STATE)	
YOUR TITLE	Reasons for Leaving or Considering Leaving	NAME OF IMMEDIATE SUPERVISOR	
YOUR DUTIES (Indicate your responsibility, size of operations, supervision if any, etc.)		TOTAL TIME EMPLOYED	FULL TIME
		If part-time, no. of hrs/mth.	PART TIME
		From (Mo. & YR.)	TO (MO. & YR.)
		MONTHLY SALARY	
MAY WE CONTACT THIS EMPLOYER?		Beginning	Ending or present

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		MONTHLY SALARY	
MAY WE CONTACT THIS EMPLOYER?		Beginning	Ending or present

IF NECESSARY, ATTACH ADDITIONAL SHEETS USING THE ABOVE FORMAT TO PROVIDE EMPLOYMENT DATA DESCRIBING QUALIFYING EXPERIENCE.

SIGNATURE _____ DATE _____