

Sunrise Salmon PO BOX 913 Fergus Falls, MN 56538

Worker Application Information											
Full Name:		-			Birth	Birth Date:					
	Last	First		M.I.							
Address:											
	Street Address					Apartment/Unit #					
	City				State	ZIP Code					
	City										
Phone:			Email								
Date Available:		Social Security No.:		Desired Salary:							
Position Appl	ied for:										
Are you a citi	zen of the United States?	YES NO	YES NO If no, are you authorized to work in the U.S.?								
Have you ever worked for this company?		YES NO	If yes, when?								
Have you eve	er been convicted of a felony?	YES NO	If yes, explain:								
Education											
High School: Address:											
riigir Concoi.			·YES	NO							
From:	To:	_ Did you graduate?	? [Diploma:						
College:		Address	<u>:</u>								
From:	To:	_ Did you graduate?	YES	NO	Degree:						
Other:		Address	:								
From:	To:	_ Did you graduate?	YES	NO	Degree:						
References											
Please list tv	vo professional references.										
Full Name:						nip:					
Company:					Pho	ne:					
Full Name:					Relationsh	nip:					
Company:				, <u> </u>	—— Pho						

	Previous	Employmen	nt					
Company:				Phone:				
Address:		Supervisor:						
Job Title:	Startin		Ending Salary:\$					
Responsibilities:								
From:	Reason	for Leaving:						
May we contact your p	revious supervisor for a reference?	YES	NO					
Address:				Supervisor:				
Job Title:	Startin		Ending Salary:					
Responsibilities:								
From:	To:	for Leaving:						
May we contact your p	revious supervisor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Startin	g Salary: \$	r: \$ Ending Salary: \$					
Responsibilities:								
From:	To:	Reason	for Leaving:		_			
May we contact your p	revious supervisor for a reference?	YES	NO					
	Milita	ry Service						
Branch:			From:	_	To:			
Rank at Discharge:	Type o	of Discharge:_						
If other than honorable	e, explain:							
	Disclaime	r and Signatı	ıre					
	ers are true and complete to the best of a distribution of the second state of the second sec	,		oplication or interv	∕iew may result in my			
Signature:		Date:						