

320-848-2233
220 3RD ST WEST HECTOR, MN 55342



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BUFFALO LAKE - HECTOR - STEWART SCHOOL
ISD #2159

Personal Information:

_____	_____	_____	_____
Last Name	First Name	Middle	Date
_____			_____
Street Address			Home Phone
_____			_____
City, State, Zip			Cell Phone
_____			_____
Position Desired			Email
Other special training or skills (languages, machine operation, etc.)			

Employment Eligibility:

Are you legally eligible to work in the U.S.? Yes No
Have you ever worked for this employer? Yes* No
*If yes please include start and end dates: _____
Have you ever been convicted of a felony? Yes* No
*If yes please explain: _____

Previous Employment: Please start with your current or most recent employer

Employer Name: _____ Tel. No.: _____
Address: _____ Employed from: _____ to: _____
Name of Supervisor: _____
Job title: _____ Responsibilities: _____

Reason for leaving: _____

Employer Name: _____

Tel. No.: _____

Address: _____

Employed from: _____ to: _____

Name of Supervisor: _____

Job title: _____ Responsibilities: _____

Reason for leaving: _____

References: (Professional Only)

Full Name: _____

Relationship: _____

Company: _____

Title: _____

Email: _____

Phone: _____

Military Service:

Are you a veteran? _____ Yes _____ No Branch: _____

Rank at Discharge: _____

Dates Enlisted: From: _____ To: _____

Type of Discharge: _____

If not honorable, please explain: _____

Background Check Consent:

If asked, are you willing to consent to a background check? _____ Yes _____ No

Disclaimer:

Applicant understands that this is an Equal Opportunity Employer and is committed to excellence through diversity. In order to ensure this application is acceptable, please ensure it is fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the applicant, am certifying that all answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Signature: _____

Date: _____

Print Name: _____

(If filling form digitally, typing your name will count as a digital signature)