

PO Box 470 • 255 Sarazin Street Shakopee, Minnesota 55379 Main 952.445-1988 • Fax 952.445-7767 www.shakopeeutilities.com

## **Employment Application**

Position(s) Applied For				Date of Application			
How Did You Lea	rn About Us						
☐ Advertisement ☐ Friend ☐ Inquiry ☐ Employment Agency				Relative Other			
APPLICANT INFORMATION							
Last Name			First Name		M.I.		
Street Address			<del>,</del>		Apt./Unit #		
City			State		Zip		
Phone			E-mail Address				
Date Available			Social Security No. (voluntary)		Desired Hourly Rate/Salary		
Are you a citizen of the United States?			Yes 🗌 No 🔲	If no, are you authorized to work in the U.S.? Yes \( \square\) No \( \square\)			
Have you ever worked for this company?				If so, when?			
Have you ever filed an application with us before?				If yes, give date			
If you are under 18 year	-						
required proof of your eligibility to work?  Yes No							
				If yes, explain If yes, state name,			
Do any of your friends or relatives, other than your spouse, work here? Yes No				relationship			
Are you currently employed?  Yes No No							
EDUCATION							
School	Name and Address of School			Course of Study	No. of Years Completed	Diploma/Degree	
High School							
Undergraduate College							
Graduate/ Professional							
Other (Specify)							
1 1	(Do not incl	ude family mem	nbers or past supervis	ors)			
		,					
Full Name				Relationship			
Company				Phone ( )			
Full Name				Relationship			
Company				Phone ( )			
Full Name				Relationship			
Company				Phone ( )			

EMPLOYMENT EXPERIENCE - Include any job related military assignments							
Company	Phone ( )						
Address	Supervisor						
Job Title	Starting Hourly Rate/Salary \$ Rate/Salary \$						
Work Performed							
Date Date Reason From To	for Leaving						
May we contact your previous supervisor for a reference	ce? Yes No No						
Company	Phone ( )						
Address	Supervisor						
Job Title	Starting Hourly Rate/Salary \$ Rate/Salary \$						
Work Performed	1						
	for Leaving						
May we contact your previous supervisor for a reference?							
Company	Phone ( )						
Address	Supervisor						
Job Title	Starting Hourly Rate/Salary \$ Rate/Salary \$						
Work Performed							
Date Date Reason From To	for Leaving						
May we contact your previous supervisor for a reference?							
ADDITIONAL INFORMATION							
State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.							
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 for employment as may be necessary in arriving at an employment decision. I hereby understand and 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 may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand also, that I am required to abide by all rules and regulations of the Employer.							
Signature	Date						
We consider applicants for all positions with marital or veteran status, or any other legall	out regard to race, color, religion, creed, gender, national origin, age, disability,						