

STEWART SANITATION
PO Box 321
Owatonna, MN 55060
507-451-0976

Please Print

Position Applied For _____ Date of Application _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: (_____) _____
Area Code

If necessary, best time to call you at home is _____

May we contact you at work? _____ Yes ___ No

If yes, work number _____

Best time to call you at work _____

If you are under 18, can you furnish a work permit? _____ Yes ___ No

Have you filed an application here before? _____ Yes ___ No

If yes, give dates _____

Have you ever been employed here before? _____ Yes ___ No

If yes, give dates _____ From _____ to _____

Are you legally eligible for employment in this country? _____ Yes ___ No

(Proof of US Citizenship or immigration status will be required upon employment)

Date available to work _____

Type of employment desired: ___ Full Time ___ Part time ___ Temporary ___ Seasonal

Are you on a lay-off and subject to recall? _____ Yes ___ No

Will you travel if the job requires it? _____ Yes ___ No

If required for the position, will you undergo a pre-employment physical? ___ Yes ___ No

If required for the position, will you undergo a drug and alcohol test?..... ___ Yes ___ No

Have you been convicted of a felony in the last seven (7) years?..... ___ Yes ___ No

(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain: _____

Driver's license number _____ Class ___ State _____

Birth date _____

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

FROM: (month/year) ___/___ To: ___/___

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Ending Salary: _____

Summary of work performed and job responsibilities _____

Reason for leaving: _____

Immediate Supervisor and Title: _____

May we contact this employer? ___ Yes ___ No

FROM: (month/year) ___/___ To: ___/___

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Ending Salary: _____

Summary of work performed and job responsibilities _____

Reason for leaving: _____

Immediate Supervisor and Title: _____

May we contact this employer? ___ Yes ___ No

FROM: (month/year) ___/___ To: ___/___

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Ending Salary: _____

Summary of work performed and job responsibilities _____

Reason for leaving: _____

Immediate Supervisor and Title: _____

May we contact this employer? ___ Yes ___ No

Comments: (Include explanations of any gaps in employment: _____)

EDUCATIONAL BACKGROUND

List three (3) schools attended, starting with the last one

School name, city and state	# Years Completed	Degree/ Diploma	Grade point avg.	Major	Minor

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

May we contact these references Yes No

List any skills and qualifications or any additional information you would like us to consider

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for a cancellation of this application and/or separation from the employer's service.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is any equal opportunity and affirmative action employer. The employer does not discriminate in employment and no question on this application is used for file purpose of limiting or excluding any applicants consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ **Date:** _____