

EMPLOYMENT APPLICATION



The Preserve
ASSOCIATION

11221 Anderson Lakes Parkway, Eden Prairie, MN 55344-4086, 952-941-8400

Full Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Email _____

Date of Birth _____

Position Applied for _____

Date available to work? _____

Are you a citizen of United States? ___ Yes ___ No If not, do you have a work permit? ___ Yes ___ No ___

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

EDUCATION:

High School _____ Graduate? ___ Yes ___ No

Business/Trade _____ Major/Degree _____ Graduate? ___ Yes ___ No

College/University _____ Major/Degree _____ Graduate? ___ Yes ___ No

Graduate School _____ Major/Degree _____ Graduate? ___ Yes ___ No

RELATED TRAINING OR EXPERIENCE: _____

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing work for which you are being considered?

Are you: Hearing impaired? _____ Vision impaired _____ Speech impaired _____

CERTIFICATIONS

LIFEGUARD

Where _____ Chapter _____ Date of Certification _____ Expiration Date _____

CPR

Where _____ Chapter _____ Date of Certification _____ Expiration Date _____

WATER SAFETY INSTRUCTOR

Where _____ Chapter _____ Date of Certification _____ Expiration Date _____

Other: (Please list and include certification date and expiration)

Previous Employment: (begin with most recent position)

Business/Firm _____ Address _____
 Kind of Business _____ Phone # (____) _____
 Supervisor name _____ Employed From _____ to _____
 Position (s) held _____ Starting salary _____ Ending salary _____
 Describe the work you did _____

Reason for leaving _____

Business/Firm _____ Address _____
 Kind of Business _____ Phone # (____) _____
 Supervisor name _____ Employed From _____ to _____
 Position (s) held _____ Starting salary _____ Ending salary _____
 Describe the work you did _____

Reason for leaving _____

Business/Firm _____ Address _____
 Kind of Business _____ Phone # (____) _____
 Supervisor name _____ Employed From _____ to _____
 Position (s) held _____ Starting salary _____ Ending salary _____
 Describe the work you did _____

Reason for leaving _____

*****May we contact the listed employers above? _____ If not, indicate which ones you do not wish to use.**

References: Please furnish the names and phone number of three people to whom you are not related and by whom you have not been employed.

Name _____ Phone # (____) _____
 Name _____ Phone # (____) _____
 Name _____ Phone # (____) _____

Summarize your special skills or qualifications: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of my personal, employment or educational and other related matters as may be necessary for an application decision. I hereby release employers, schools or person from all liability in responding to inquires in connection with my application. In the event that I am employed, I understand that false or misleading information given on my application or interview (s) may result in discharge.

Signature _____ **Date** _____