

**Swift County Developmental Achievement Center
2105 Minnesota Ave.
Benson, MN 56215
320-843-4201**

“This business is an equal opportunity provider”

Personal Information:

Name: _____ SSN: _____
 Last First MI

Present Address: _____
 Address/Box City State Zip

Permanent Address: _____

Phone #: _____ Drivers License: Yes ___ No ___ Class: _____

In case of emergency, notify: _____
 Name Phone # Relationship

General Information:

Type of work sought: _____

Date you can start: _____ Salary or wage expected: _____

Hours available: (please fill in the times you are available for work each day)

Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____
Thursday: _____ to _____ Friday: _____ to _____

Are you willing to accept: Full-time/Part-time Permanent/Temporary

Special skills/abilities/certificates/license/equipment operated: _____

Education/Training:

Circle highest grade completed: 7 8 9 10 11 12 GED 13 14 15 16 17 18

Name of School: _____ Course of study: Degree/Certificate/License (Date)

Subjects of special study or research work: _____

List any other qualification which should be considered: _____

We are required by Minnesota Law to do a criminal background study. May we have your permission to do so?

Signature

Date

Are you presently employed?: Yes _____ No _____

May we contact your employer?: Yes: _____ No _____

Please complete the work history starting with your present or most recent job first.

1. Company: _____ City: _____ State: _____
Job Title: _____ Phone Number: _____
What were your responsibilities?: _____

Equipment Operated? _____

Date Started: _____ Date Ended: _____
Salary: _____ Per: _____
Reason for leaving: _____

2. Company: _____ City: _____ State: _____
Job Title: _____ Phone Number: _____
What were your responsibilities?: _____

Equipment Operated? _____

Date Started: _____ Date Ended: _____
Salary: _____ Per: _____
Reason for leaving: _____

3. Company: _____ City: _____ State: _____
Job Title: _____ Phone Number: _____
What were your responsibilities?: _____

Equipment Operated? _____

Date Started: _____ Date Ended: _____
Salary: _____ Per: _____
Reason for leaving: _____

Please summarize any other work history: _____

References: Please list three individuals who are not related to you and who are not previous employers:

Name: _____ Address: _____ Phone: _____

Date: _____ Signature of Applicant: _____