



EMPLOYMENT APPLICATION
5335 Highway 52 North, Rochester, MN 55901

Applicant Information:

Date: ____/____/____

Name _____

Current Address _____

Social Security # ____ - ____ - _____ Phone # (____) - ____ - _____

Email Address _____

How did you find out about this job? _____

If hired, would you have transportation to/from work? Yes No

Are you over the age of 18? Yes No

Do you have a valid driver's license? Yes No

Driver's license # _____ State of Issue _____

Expiration date ____/____/____

Have you had any accidents in the past three years? Yes No How many? _____

Have you had any moving violations in the past three years? Yes No How many? _____

Employment Position:

Position applying for: _____

Salary desired: _____

What days/hours are you available to work? _____

Employment desires? Full-Time only Part-Time only Full- or Part- Time

If hired, on what date can you start working? ____/____/____

Can you work on the weekends? Yes No

Can you work evenings? Yes No

Education, Training, and Experience:

High School:

School name: _____

School address: _____

Number of years completed: _____ Did you graduate? Yes

College/University:

School name: _____

School address: _____

Number of years completed: _____

Did you graduate? Yes No

Degree/diploma earned? _____

Vocational School:

School name: _____

School address: _____

Number of years completed: _____

Did you graduate? Yes No

Degree/diploma earned? _____

Military:

Branch: _____

Rank: _____

Total Years of Service _____

Skills/duties: _____

Other Training/Skills:

Employment History:

Are you currently employed? Yes No

If you are currently employed, may we contact your current employer? Yes No

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of employer: _____

Name of supervisor: _____

Telephone number: (____) - _____ - _____

Address: _____

Length of employment (include dates): _____ Job title: _____

Duties: _____

Reason for leaving: _____

May we contact this employer for references? Yes No

Name of employer: _____

Name of supervisor: _____

Telephone number: (____) - ____ - _____

Address: _____

Length of employment (include dates): _____ Job title: _____

Duties: _____

Reason for leaving: _____

May we contact this employer for references? Yes No

*Please attach additional sheet if needed.

References:

Please list two references other than relatives or previous employers.

Name: _____

Relationship: _____

Address: _____

Telephone (____) ____ - _____

Name: _____

Relationship: _____

Address: _____

Telephone (____) ____ - _____

Please read and initial each paragraph, then sign below.

I certify that I have not purposely withheld any information that might adversely affect my chance for hiring. I attest that the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this job can be grounds for rejection of application or, if I am employed by Babcock Auto Care, terms for my immediate expulsion from the company.

_____ Initials

I permit the company to examine my references, record of employment, education record and any other information I have provided.

_____ Initials

Applicant's Signature: _____

Date: ____/____/____