

241 Front Street West Browerville, MN 56438

Browerville 320-594-8228 Long Prairie 320-732-2795 Bertha 218-924-4211 Graceville 320-748-7111



EMPLOYMI	ENT APPLICATION	ON		DATE OF APPLICATION:								
Name (Last,	First, MI)			Date of Birth								
Street Addre	SS					Apt/Unit #						
City			State	ZIP		Social Security No.						
Home Phone			Cell Phone			E-mail Address						
Driver's License Number			Position Applied for			Date Available						
Please List C	urrent Driver's Lice	ense Endorsements:										
How were vo	ou referred to Aksa	mit Transportation?	(Fill in only one	<u>e)</u>								
A. By an Er B. Advertise C. Walk–In	nployee. If so, give ement. If so, give	e name:		,								
FDUCATIO	NAL HISTORY											
High School	Address	Address										
From	То	Did you graduate?		0 🗆	Degree							
College			Address	Address								
From	То	Did you graduate?	YES N	0 🗌	Degree							
Other		Address										
From To Did you graduate		Did you graduate?	YES NO Degree									
			· ·									
REFERENC												
	Please list three professional references.											
Full Name					Relationship							
Company					Phone							
Full Name			ationship									
Company				Pho	one							
Full Name				Rel	ationship							
Company				Pho	one							

EMPLOYMENT RECORD											
Company			Phone								
Address			Supervisor								
Job Title		Salary \$									
Responsibilities			1								
From	То	Reason for Leavin	g								
May we contact y	our previous superv	isor for a reference	?? YES 🗌	NO 🗌							
Company			Phone								
Address				Supervisor							
Job Title		Salary \$									
Responsibilities											
From	То	Reason for Leavin	Leaving								
May we contact y	our previous superv	isor for a reference	? YES 🗌	NO 🗌							
Company				Phone							
Address				Supervisor							
Job Title Salary \$											
Responsibilities											
From	То	Reason for Leavin	_eaving								
May we contact your previous supervisor for a reference? YES NO											
MILITARY SER	VICE										
Branch					From To						
Rank at Discharge	2		Type of Discharge								
If other than honorable, explain											
OUTSIDE ACTIVITIES											
Professional Memberships, Certificates or Licenses held											
Principal Hobbies											
DISCLAIMER AND SIGNATURE											
I certify that my answers are true and complete to the best of my knowledge.											
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.											
Signature			Date								
L											