



Employment Application

Thank you for your interest in employment with ShoreMaster, LLC. Our organization does not discriminate on the basis of race, color, religion, national origin, sex, disability or any other protected status. No question on this form is intended to secure information to be used for such discrimination.

Personal

Last Name	First	Middle	Date
Street Address			Home or Cell Telephone ()
City, State, Zip			Business Telephone ()
Have you ever been employed at this Company?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Position(s) applying for:			
Are you applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			On what date would you be available?
Are you legally eligible to work in the United States? (Proof of eligibility will be required upon employment)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Referral Source: ___ Newspaper ___ Radio ___ College Website ___ MN Works Website ___ Other _____ (How did you hear of this opening)			
___ Employee Referral - If so, who referred you? _____			

Education

School	Name City / State	Course of Study	Number of Years Completed	List Degree Earned
High School				
College or University				
Graduate or Law School				
Business or Vocational				

Employment History

Starting with your present or last job, list all periods of employment and unemployment. Include military service assignments and volunteer activities. (If necessary, use an additional sheet of paper.) If "see resume" is used, please assure all pertinent information is provided.

May we contact your listed employers for references? YES NO All but current employer

1	Company Name	Telephone ()		
	Street Address	City	State	Zip Code
	Employed from Month/Year _____ to Month/Year _____ Present or Last Salary \$			
	Job Title/Description			
	Name of Supervisor			
	Reason for Leaving			
2	Company Name	Telephone ()		
	Street Address	City	State	Zip Code
	Employed from Month/Year _____ to Month/Year _____ Present or Last Salary \$			
	Job Title/Description			
	Name of Supervisor			
	Reason for Leaving			
3	Company Name	Telephone ()		
	Street Address	City	State	Zip Code
	Employed from Month/Year _____ to Month/Year _____ Present or Last Salary \$			
	Job Title/Description			
	Name of Supervisor			
	Reason for Leaving			

Training and Skills

List any training/skills relating to the position for which you are applying (Example: Computer Software, Word Processing, Data Entry, 10-Key, and/or Dictaphone/Transcription, etc.):

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, sexual orientation, disability, political persuasion, or other protected status):

I certify that answers given herein are accurate and complete to the best of my knowledge. In the event of employment, I understand that deliberate falsification; misrepresentation or omissions of facts given in my application or interview(s) may result in immediate discharge.

I authorize you to contact my former employers (unless otherwise noted), and/or any other references provided regarding pertinent information, personal or otherwise. I release all parties from liabilities for any damage, which results from furnishing this information.

I understand that neither this document nor any offer of employment from this employer is intended to imply or create an employment contract unless the employer in writing executes a specific document to that effect. I further understand that, if hired, my employment is at will and I can be terminated at any time, with or without cause or notice for any reason. I also understand, if hired, I can terminate my employment at any time and for any reason.

I acknowledge that I have read and understand the above information.

Signature of Applicant

Date