



THE JOHN ROBERTS COMPANY

9687 EAST RIVER ROAD
MINNEAPOLIS, MINNESOTA 55433
(612) 755-5500



APPLICATION FOR EMPLOYMENT

Please print and provide complete answers to all questions which apply to you.

Position applied for _____ Date _____
Month Day Year

Name _____ Social Security No. _____
Last First Middle Initial

Address _____
Number Street City State Zip Code

Telephone: Home () Work ()
(List only if we may call you at work)

Have you ever been employed at The John Roberts Company? No Yes. If yes, dates _____

Are you currently employed? No Yes

Are you a U.S. citizen or do you have a work permit? No Yes

EDUCATION/TRAINING

High School	City, State	Diploma/ GED	Course of Study
Technical or Vocational Training		Certificate Received	Course of Study
College, University or Professional School (Undergraduate and Graduate)	City, State	Degree Received	Major and Minor
Name			

WORK EXPERIENCE

Starting with your present or last employer, list ALL paid and unpaid work experience, wether or not it is related to the job for which you are applying. List any gaps in employment in the space provided on the next page.

Present or last employer	Address	City	State
Your super-visor's name	Phone ()		
Dates employed (mo/yr) From / to /	Hours worked per week	Job Title	
Reason for leaving			
Specific duties			
Starting Pay:	Ending Pay:		

AN EQUAL OPPORTUNITY EMPLOYER

Second last employer	Address	City	State
Your supervisor's name		Phone no. ()	
Dates employed (mo/yr) From / to /		Hours worked per week	Job Title
Reason for leaving			
Specific duties			
Starting Pay:		Ending Pay:	
Third last employer	Address	City	State
Your supervisor's name		Phone no. ()	
Dates employed (mo/yr) From / to /		Hours worked per week	Job Title
Reason for leaving			
Specific duties			
Starting Pay:		Ending Pay:	
Fourth last employer	Address	City	State
Your supervisor's name		Phone no. ()	
Dates employed (mo/yr) From / to /		Hours worked per week	Job Title
Reason for leaving			
Specific duties			
Starting Pay:		Ending Pay:	
Fifth last employer	Address	City	State
Your supervisor's name		Phone no. ()	
Dates employed (mo/yr) From / to /		Hours worked per week	Job Title
Reason for leaving			
Specific duties			
Starting Pay:		Ending Pay:	

Use this space to explain any gaps in your employment

U.S. MILITARY SERVICE: Yes ___ No ___ If "yes," are you currently on active duty? No Yes

Branch of Service: _____

If during military service you attained knowledge, skills, or abilities related to the position you are applying for, please describe them:

Additional qualifications: List any special abilities or accomplishments which are relevant to working at our firm. Include skill on machines/equipment, awards or commendations.

If offered employment, are you willing to take a physical examination including a drug and alcohol screening? No Yes

Have you ever been convicted of any violation of law other than a minor traffic violation? No Yes If yes, please explain. Your response will be considered only for its job relevance.

3 PROFESSIONAL REFERENCES

Provide names of those who know your work well, i.e. supervisors, managers, customers. (Exclude relatives)

1. Name _____	Co. _____	Work Phone _____	Relationship _____
Title _____	Address _____	Home Phone _____	Yrs. Known _____
2. Name _____	Co. _____	Work Phone _____	Relationship _____
Title _____	Address _____	Home Phone _____	Yrs. Known _____
3. Name _____	Co. _____	Work Phone _____	Relationship _____
Title _____	Address _____	Home Phone _____	Yrs. Known _____

Read the following statements carefully before signing. False information may be grounds for not employing you, or for dismissing you if you are hired.

I have signed this application with the understanding that all items may be subject to reference checks. I consent to the release of job relevant information by employers, educational institutions and other references, to authorized employees of The John Roberts Company. I certify that all statements made by me are true and complete to the best of my knowledge and belief. I also understand that should I be employed by The John Roberts Company my employment may be terminated at will by either the Company or myself.

Signature *Date*