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Grand Avenue • Maple Grove • White Bear Lake

**Application for Employment**  
An Equal Opportunity Employer

**Personal Information**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, and ZIP: \_\_\_\_\_

Are you 18 years or older? YES NO

Are you currently employed? YES NO

Position Seeking: \_\_\_\_\_

Location(s) Seeking: \_\_\_\_\_

Available Start Date: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

Days/Hours Available: \_\_\_\_\_

**Getting to Know You**

Why do you want to work at GoodThings?

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What special skills or gifts would you like to be able to use at work?

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Education

Name	Graduated	Year Graduated	Subject Studied
High School: _____	YES NO	_____	
_____ College: _____			YES NO
_____			
Graduate: _____	YES NO	_____	
_____			
Other: _____	YES NO	_____	
_____			

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Grand Avenue • Linden Hills • Maple Grove • White Bear Lake

Former or Current Employers (List most recent first)

Name of Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Work: \_\_\_\_\_ May we contact your supervisor? YES NO

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Reason for Leaving:

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Name of Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Work:

May we contact your supervisor? YES NO

Reason for Leaving:

### Personal References

Please list the names of two persons you are not related to, whom you have known at least one year.

Name	Phone	Relationship	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____

### Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_