



APPLICATION FOR EMPLOYMENT

“An Equal Opportunity Employer”

Name: _____ Date: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ ZipCode: _____

Phone: _____ Alternate Phone: _____

Position Applying For: _____ Full time _____ Part time _____

EXPERIENCE

List employment beginning with the most recent, include military service if applicable.

From	To	Employer	
Address			
City			State
Supervisor			
Position Held			
Wage/Salary – Beginning			Ending
Describe Duties			
Reason for Leaving			
May we contact your present employer?		If no, why?	

From	To	Employer	
Address			
City			State
Supervisor			
Position Held			
Wage/Salary – Beginning			Ending
Describe Duties			
Reason for Leaving			
May we contact this employer?		If no, why?	

From	To	Employer	
Address			
City			State
Supervisor			
Position Held			
Wage/Salary – Beginning			Ending
Describe Duties			
Reason for Leaving			
May we contact this employer?		If no, why?	

EDUCATION

High School Attended _____ Did you graduate? Yes No
High School Location _____ GED? Yes No
Highest Grade Completed –
1 2 3 4 5 6 7 8 9 10 11 12

Technical/Vocational School

Major/Course of Study _____ Diploma/Degree

College/University

Major/Course of Study _____ Diploma/Degree

Describe any special training, apprenticeship, machinery, and skills

DISCLAIMER AND SIGNATURE

Please read the following carefully and sign below

I understand that the information on this Application has been requested for the purpose of evaluating my qualifications for employment and that this document, or any item discussed regarding employment, does not constitute a contract or promise of employment. I affirm that the information provided in my application, resume, and interview is true and correct to the best of my knowledge. I authorize **Crow Wing Power** to verify the information contained in my application and information I provided in the interview. I understand that misrepresentation or omission of information in connection with my application, resume, and/or interview may result in rejection of my application or dismissal whenever discovered.

I understand and agree that any offer of employment is contingent upon my satisfactory completion of **Crow Wing Power's** pre-employment requirements which may include, but are not limited to: a health assessment, verification of current work authorization in the United States, background checks, work history and reference verification, and any other pre-employment requirements.

By signing below, I am affirming my understanding and acknowledgment of support in all items addressed in this document. I further understand that if I am hired by **Crow Wing Power**, my employment will be "at will", which means that either **Crow Wing Power** or I may terminate the employment relationship at any time for any reason. I further understand that, if hired, my at-will employment status may only be changed in a written contract signed by an officer of **Crow Wing Power** (or designee) and that no representative of **Crow Wing Power** has the authority to make any oral promise to me concerning my employment.

Signature _____ Date

Print Name