



EMPLOYMENT APPLICATION 2020

An equal opportunity employer



506 West Michigan Street - Duluth Minnesota 55802
218-722-1273 / 800-423-1273

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Desired weekly availability (hours)		Minimum Pay Requirement:
Position Applied for (check preferences): <input type="checkbox"/> Train Staff Concessions <input type="checkbox"/> Narrator & Car-host <input type="checkbox"/> Ticket Office <input type="checkbox"/> Giftshop Clerk <input type="checkbox"/> Museum Docent <input type="checkbox"/> Candy Store <input type="checkbox"/> Bartending <input type="checkbox"/> Car Cleaner-Janitorial <input type="checkbox"/> I'm not sure, but any of these sound good.			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?

EDUCATION	
High School	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Special Interests:
College	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references. We may contact these persons to learn more about you.</i>	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT			
Company:		Phone ()	
Location		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone ()	
Location		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone ()	
Location		Supervisor	
Job Title	Starting Pay	\$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MORE ABOUT YOU
Interests
Other Customer Service Experience
Anything you'd like to add:

DISCLAIMER AND SIGNATURE
I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and policies and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice at any time by the company.
Signature _____ Date _____