

# APPLICATION FOR EMPLOYMENT



**MASSMANN**  
GEOHERMAL & MECHANICAL

## PERSONAL INFORMATION

DATE: \_\_\_\_\_

Name:	Social Security No.:
Present Address	City, State, Zip
Permanent Address	City, State, Zip
Phone:	Cell:
Referred By:	

## EMPLOYMENT DESIRED

Position:	Date you can start:	Salary Desired:
Can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

## EDUCATION HISTORY

Grammar School:		
High School:	Years Attended:	Did you graduate?
College:	Years Attended:	Did you graduate?
Subjects Studied:		

## GENERAL INFORMATION

Subjects of special study/research work or special training/skills	
US Military or Naval Service	Rank

## FORMER EMPLOYERS (List below last three employers, starting with last one first)

Name & Address of Employer:			
Dates Employed, From:	To:	Position:	Salary:
Reason for Leaving:			

Name & Address of Employer:			
Dates Employed, From:	To:	Position:	Salary:
Reason for Leaving:			

Name & Address of Employer:			
Dates Employed, From:	To:	Position:	Salary:
Reason for Leaving:			

**REFERENCES** (Give below the names of three persons not related to you, whom you have known at least one year.)

Name:	Phone:
Business:	Years Known:
Name:	Phone:
Business:	Years Known:
Name:	Phone:
Business:	Years Known:

**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.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

*Mail to:*  
**27944 96th Street, Zimmerman, MN 55398**  
**Re: Employment**  
*or Fax to:*  
**763-389-0386**  
*(No Walk-Ins Please)*

\_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**REMARKS**


Neatness:	Character:		
Personality:	Ability:		
Hired:	Position:	Will Report:	Salary Wages:

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  

Employment Manager
Department Head
General Manager