



1731 West Superior Street
Duluth, MN 55806
(218) 733-1331/ Fax (218) 733-0499

Position Desired: _____

Department/Area/Service Preferred: _____

Full Time: _____

Part Time: _____

Today's Date: _____

Date Available to Begin Work: _____

1) _____

2) _____

3) _____

Name: _____
Last First Date

PERSONAL

Name _____
Last (other last know by) First Middle

Address _____
Street City State Zip

Telephone Number (Home) _____ Business _____
(Cell) _____

Social Security Number _____ Are you over the age of 18? Yes ___ No ___

What is your work schedule preference? _____

Will you work Shifts? _____ Weekend? _____ Holidays? _____

Is there any reason why you cannot be at work everyday? _____ On time? _____

Have you ever been convicted of a felony with the last 7 Years? Yes ___ No ___ If yes, please explain _____

EDUCATION

Name	Address	Grade Point Avg. or Class Standing	Type of Degree and Date Received	Major Subject
High School	Street City State Zip			
College or University	Street City State Zip			
Vocational, Business or Technical School	Street City State Zip			
Other	Street City State Zip			

MEDICAL, TECHNICAL AND PROFESSIONAL APPLICANTS

Current Number _____

License _____ State _____ Occupation _____
Certificate _____ State _____ Initial Date of License _____
Registration _____ Expiration Date _____

List professional organizations to which you belong _____

List areas of special training or skill, equipment you operate, nursing units you've worked on etc. _____

PLEASE DO NOT WRITE IN SPACE BELOW

PERSONNEL DEPARTMENT INTERVIEWER'S COMMENTS

References Checked 1 2 3

Four horizontal lines for handwritten notes.

APPLICANT REFERRED TO:

Table with 8 columns: Department, Date, Time, For Position of, Department, Date, Time, For Position of. Rows 1-4.

DEPARTMENT INTERVIEW (Document all items of discussion. Complete entire section)

1) Job Hours, Days: M T W Th F S Su, Shift Rotation, Tour of Work Area Yes No, Other conditions of hire, Comments, Not Hired, Rejection Comments, Hired, Physical, Orientation Date, Start Date, Starting Salary, Department Signature

2) Job Hours, Days: M T W Th F S Su, Shift Rotation, Tour of Work Area Yes No, Other conditions of hire, Comments, Not Hired, Rejection Comments, Hired, Physical, Orientation Date, Start Date, Starting Salary, Department Signature

3) Job Hours, Days: M T W Th F S Su, Shift Rotation, Tour of Work Area Yes No, Other conditions of hire, Comments, Not Hired, Rejection Comments, Hired, Physical, Orientation Date, Start Date, Starting Salary, Department Signature

WORK EXPERIENCE (including U.S. Military Service)

List complete employment history, but do not provide dates of employment for jobs held more than five years ago.

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Company	Date of Employment From _____ To _____	Examples of Duties
Street Address	Position Title	
City State Zip	Full Time Part Time No. Hrs/Wk	
Telephone Number	Starting Salary Ending Salary	
Name of Supervisor	Title	Reason for Leaving

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Company	Date of Employment From _____ To _____	Examples of Duties
Street Address	Position Title	
City State Zip	Full Time Part Time No. Hrs/Wk	
Telephone Number	Starting Salary Ending Salary	
Name of Supervisor	Title	Reason for Leaving

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Company	Date of Employment From _____ To _____	Examples of Duties
Street Address	Position Title	
City State Zip	Full Time Part Time No. Hrs/Wk	
Telephone Number	Starting Salary Ending Salary	
Name of Supervisor	Title	Reason for Leaving

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Company	Date of Employment From _____ To _____	Examples of Duties
Street Address	Position Title	
City State Zip	Full Time Part Time No. Hrs/Wk	
Telephone Number	Starting Salary Ending Salary	
Name of Supervisor	Title	Reason for Leaving

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Company	Date of Employment From _____ To _____	Examples of Duties
Street Address	Position Title	
City State Zip	Full Time Part Time No. Hrs/Wk	
Telephone Number	Starting Salary Ending Salary	
Name of Supervisor	Title	Reason for Leaving

Indicate by number _____ those employers you DO NOT wish us to contact for references.

