



Human Resources Department
 150 2nd Street SW
 Perham, MN 56573
 Phone: (218) 346-8490
 Fax: (218) 346-8840

APPLICATION FOR EMPLOYMENT

www.trustcompass.com
applications@trustcompass.com

Our policy is to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, disability, marital status, sexual orientation, membership or activity in a local commission or any other category or class protected under federal, state or local law.

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

Telephone Number _____ Have you ever applied with CCI in the past? Yes No
 If yes when? _____

Are you legally eligible for employment in the U.S.A.? Yes No Are you 18 years old or older? Yes No

Position applied for: _____ Wage or salary desired: _____

Availability: _____ Full-Time _____ Part-Time _____ Seasonal (explain): _____

Do you hold a valid commercial drivers license? Yes No Email address (optional) _____

Education	Name & Location of School	Major	Diploma/Degree or Total Credits	Did You Graduate?
High School				
Trade or Technical School				
College/University Undergraduate				
Graduate				

Other Training, Education, Job Related Knowledge, Skills, or Certifications: _____

Work History: Include Military Service - (start with most recent employer first).

1)	Employer _____	Address _____	Phone _____
	Start Date _____	Starting Salary _____ \$ _____ per _____	Starting Position _____
	End Date _____	Ending Salary _____ \$ _____ per _____	Position on Leaving _____
	Description of Duties _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name and Title of Supervisor _____		Reason for Leaving _____

Work History (continued)

2) Employer		Address		Phone
Start Date	Starting Salary	Starting Position		
	\$ _____ per			
End Date	Ending Salary	Position on Leaving		
	\$ _____ per			
Description of Duties		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Title of Supervisor		Reason for Leaving		

3) Employer		Address		Phone
Start Date	Starting Salary	Starting Position		
	\$ _____ per			
End Date	Ending Salary	Position on Leaving		
	\$ _____ per			
Description of Duties		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Title of Supervisor		Reason for Leaving		

4) Employer		Address		Phone
Start Date	Starting Salary	Starting Position		
	\$ _____ per			
End Date	Ending Salary	Position on Leaving		
	\$ _____ per			
Description of Duties		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Title of Supervisor		Reason for Leaving		

5) Employer		Address		Phone
Start Date	Starting Salary	Starting Position		
	\$ _____ per			
End Date	Ending Salary	Position on Leaving		
	\$ _____ per			
Description of Duties		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Title of Supervisor		Reason for Leaving		

APPLICANT'S CERTIFICATION AND AGREEMENT - Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drugscreen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and, by my signature, consent to these statements.

_____ Date

_____ Applicant's Signature