



STARBASE Minnesota

Employment Application

Pertinent Information

Name _____ Date of application ____/____/____
LAST FIRST M.I.

Address _____ City _____ State ____ Zip _____

Home Phone () _____ Work Phone (or alternative number) () _____

If necessary, best time to contact you at home is _____

May we contact you at work? Yes No

Position Desired: _____ When can you start? _____

Current Hrly/Wkly/Monthly/Annual Wage \$ _____

Available to work: Full-time Part-time Temporary From ____ to ____

Have you submitted an application here before? Yes No

If yes, under what name and when? _____

If yes, for what position? _____

Have you ever been employed by STARBASE Minnesota before? Yes No

If yes, when? _____

How did you hear about STARBASE Minnesota's employment opportunities?

If hired at STARBASE, can you furnish proof that you are eligible to work in the United States?

Yes No *If no, please explain* _____

Have you ever been convicted of a felony? (Convictions will not necessary disqualify an applicant for employment)

Yes No *If yes, please explain:* _____

Employment

Give an accurate, full-time and part-time employment record. Start with your present or most recent employer.

1. Employer	From:	To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address	Position Title	Hrly/Weekly/Annual Rate	Supervisor's Name: Phone No.:
Describe Duties:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, why not?</i>			

2. Employer	From:	To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address	Position Title	Hrly/Weekly/Annual Rate	Supervisor's Name: Phone No.:
Describe Duties:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, why not?</i>			

3. Employer	From:	To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address	Position Title	Hrly/Weekly Rate	Supervisor's Name: Phone No.:
Describe Duties:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, why not?</i>			

List all periods during which you were unemployed _____

How did you spend this time?

<i>Educational Background</i>				
	NAME AND LOCATION OF SCHOOL	NUMBER OF YRS FINISHED	DIPLOMA/ DEGREE OBTAINED	FIELD OF STUDY
High School				
College				
Graduate Or Other Professional Training				
Additional Related Coursework Or Training				

<i>Membership in Professional, Educational or Civic Organizations</i>
List professional, educational or civic association memberships or positions held which might be beneficial for us to know. <i>(Exclude those which may disclose your race, religion, national origin, disability, age, citizenship, mental or physical disabilities or any other similarly protected status.)</i>

<i>References</i>			
Please list 3 professional references <i>(other than friends or relatives)</i> who are familiar with your professional and educational qualifications.			
Name	Address/Company	Phone	Relationship

STARBASE Minnesota is an Equal Opportunity Employer and will not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, ancestry, gender, sexual orientation, disability, age, familial status, marital status or status with regard to public assistance.

By my signature below, I promise that the information provided in this employment application (and accompanying resume or document, if any) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date.

I authorize STARBASE Minnesota to make inquiries, investigate and to secure additional information about me, when used in consideration for employment. I authorize any person, school, current employer, past employer(s) and organizations named in this application (and accompanying resume, if any) to provide STARBASE Minnesota with any information and opinion requested by STARBASE Minnesota in connection with the application, and I release such persons and organizations from any legal liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted STARBASE Minnesota policies. I understand that just as I am free to resign at any time, STARBASE Minnesota reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of STARBASE Minnesota has the authority to make any assurances to the contrary.

If employed by STARBASE Minnesota, it is understood that employment is conditional upon complying with the provisions of the Immigration Reform and Control Act of 1986. Accordingly, I will furnish proof of both my identity and my legal right to live and work in the United States.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or immediate dismissal if employed.

I certify that I have read, fully understand and accept all terms stated above.

Applicant's Signature: _____

Date: ____/____/____

An Equal Opportunity Employer

For a complete listing of all employment opportunities with STARBASE Minnesota, please reference our website at www.starbasemn.org.

Thank you for your interest in STARBASE Minnesota!