



One Riverside Drive  
Lewiston, MN 55952  
Telephone: 507-523-3220  
Fax: 507-523-2831  
507-523-3184

APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_  
Home Work

May we contact you at work? \_\_\_\_\_

Social Security Number \_\_\_\_\_

Position applying for \_\_\_\_\_

**General Information**

Date available for work: \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. Citizen \_\_\_\_\_ if no, give Alien Registration Number \_\_\_\_\_

Have you ever been previously employed by this company? Yes \_\_\_\_\_ No \_\_\_\_\_

Preference: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Summer \_\_\_\_\_

Shift Desired: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 4th \_\_\_\_\_

Desired Salary: \$ \_\_\_\_\_/Hour \$ \_\_\_\_\_/Annually

Are you available for overtime if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to travel if job requires? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to relocate if job requires? Yes \_\_\_\_\_ No \_\_\_\_\_

Desired Location of Employment: Lewiston \_\_\_\_\_ Rushford \_\_\_\_\_

**School Name and Location**

**Did You Graduate?**

Grade School \_\_\_\_\_

Address City State Zip \_\_\_\_\_

High School \_\_\_\_\_

Address City State Zip \_\_\_\_\_

College \_\_\_\_\_

Address City State Zip \_\_\_\_\_

Vocational \_\_\_\_\_

Address City State Zip \_\_\_\_\_

Scholastic honors received:

\_\_\_\_\_

Any other training or education you may have acquired to qualify you for the job:

\_\_\_\_\_

**WORK HISTORY**

**Beginning with most recent/current, complete name and address of employer**

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Your title \_\_\_\_\_  
Summarize your duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

2. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Your title \_\_\_\_\_  
Summarize your duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

3. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip  
Your title \_\_\_\_\_  
Summarize your duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

PLEASE READ BEFORE SIGNING

I certify that the foregoing answers are true and I authorize the companies and persons shown to give Riverside Electronics any information they may have regarding me. I authorize investigation of my past employment, and release those persons, organizations, or companies supplying information from all liability and responsibility for any damages I may suffer as a result of this information. I understand that I must satisfactorily complete a physical examination if required for my position as a condition of employment. If employed, I agree to abide by all company regulations and policies. I understand that I have the right to make a written request, within a reasonable period of time to receive additional detailed information about the nature and scope of this report. I also understand that any misrepresentation or false statement on this application blank will be cause for immediate dismissal.

Today's Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

FOR OFFICE USE ONLY

DO NOT WRITE BELOW THIS LINE

- 1.) Employer \_\_\_\_\_  
Person contacted \_\_\_\_\_  
Results \_\_\_\_\_
- 2.) Employer \_\_\_\_\_  
Person contacted \_\_\_\_\_  
Results \_\_\_\_\_
- 3.) Employer \_\_\_\_\_  
Person contacted \_\_\_\_\_  
Results \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interview Date \_\_\_\_\_ Interviewer's Name \_\_\_\_\_

Position being filled \_\_\_\_\_

Shift \_\_\_\_\_ Starting Date \_\_\_\_\_

REMARKS: (Include any special conditions or considerations discussed and agreed upon.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not hired, state reason \_\_\_\_\_  
\_\_\_\_\_

Manager's Signature \_\_\_\_\_