

**LEO A. HOFFMANN CENTER**  
**1715 Sheppard Drive • P.O. Box 60**  
**St. Peter, MN 56082**  
**(507)934-6122; FAX (507)934-2594**

**EMPLOYMENT APPLICATION**

**Contact Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ (include area code)

**FAX:** \_\_\_\_\_ (include area code) **Email Address:** \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_

**When would you be available for employment?** \_\_\_\_\_

**Employment History:**

<p><b>Current Employer:</b> _____</p> <p>Job Description: _____</p> <p>_____</p> <p>_____</p> <p>Date Started: _____</p>
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<p><b>Previous Employer:</b> _____</p> <p>Job Description: _____</p> <p>_____</p> <p>_____</p> <p>Date Started: _____</p> <p>Date Ended: _____</p> <p>Reason for Leaving: _____</p> <p>_____</p>
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<p><b>Previous Employer:</b> _____</p> <p>Job Description: _____</p> <p>_____</p> <p>_____</p> <p>Date Started: _____</p> <p>Date Ended: _____</p> <p>Reason for Leaving: _____</p> <p>_____</p>
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**Previous Employer:** \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date Started: \_\_\_\_\_  
Date Ended: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date Started: \_\_\_\_\_  
Date Ended: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**Education:**

Highest Grade or Degree: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Courses of Study: \_\_\_\_\_

**Skills:**

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

**Certificates or Licenses Held:**

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

**Other information that will aid us in evaluating your application:**

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

**References:**

<b>Name:</b> _____
Address: _____
Relationship: _____
Telephone: _____

<b>Name:</b> _____
Address: _____
Relationship: _____
Telephone: _____

<b>Name:</b> _____
Address: _____
Relationship: _____
Telephone: _____

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection or dismissal, if employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date