

# EMPLOYMENT APPLICATION

Please complete each section in full. Any applicant needing assistance in completing this application or in the application process may request an accommodation to enable the applicant to complete the application and/or the process. Please contact the human resources department at 507-425-3278 to request an accommodation. New Dawn, Inc. is an equal employment opportunity employer and does not discriminate against any applicant or employee based on sex, race, color, national origin, religion, disability, age, sexual orientation, marital status, familial status, status with regard to public assistance, membership or activity in a local human rights commission, or any other protected class status under applicable federal, state or local law.

## GENERAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_ Are you 18 years of age or older? **Yes** **No**

Present Address \_\_\_\_\_  
Street Address City State Zip Code

Permanent Address \_\_\_\_\_  
Street Address City State Zip Code

**How did you hear about this position?** (Circle)

Website Newspaper Job Service Career Fair

Employee Referral - List name of employee:  
 \_\_\_\_\_

Other: \_\_\_\_\_

**Have you ever been employed by New Dawn as a full time, part time or temporary employee?** **Yes** **No**

**If yes:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Did you work through a staffing company? **Yes** **No**

If so, which one? \_\_\_\_\_

**Position for which you are applying:**  
 \_\_\_\_\_

**Date you can start:** \_\_\_\_\_

**SHIFT PREFERENCE** *Please circle the shifts that you are available for. Due to our varying shifts, please be specific regarding your availability.*

Days Evenings Nights (overnights)

**Circle if you are willing to accept:**  
 Full Time Part Time

**You MUST complete ALL sections of the remainder of this application. Failure to do so will result in the rejection of your application.**

**EMPLOYMENT REFERENCES:** Please provide three (3) employment-related references

Name	Address	Phone Number

**EDUCATION** *Identify highest educational level attained.*

Name of School \_\_\_\_\_ Subject of Study / Major \_\_\_\_\_

City / State \_\_\_\_\_ What type of program were you enrolled in? (Please Circle)

Did you graduate? **Yes** **No**

Diploma / GED Bachelor Degree Associate Degree  
 Master's Degree Certificate Program  
 Other \_\_\_\_\_

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**WORK EXPERIENCE** *Please indicate current employment and previous employment. Attach additional sheets if necessary.*

Are you presently employed? **Yes** **No**

**CURRENT OR MOST RECENT EMPLOYMENT** **IF NO PREVIOUS EMPLOYMENT, CHECK THIS BOX**

Company \_\_\_\_\_ Job Title \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Supervisor Name / Title: \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month / Day / Year Month / Day / Year

Job Duties \_\_\_\_\_

May we contact this employer? **Yes** **No**

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**PREVIOUS EMPLOYMENT** **IF NO PREVIOUS EMPLOYMENT, CHECK THIS BOX**

Company \_\_\_\_\_ Job Title \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Supervisor Name / Title: \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month / Day / Year Month / Day / Year

Job Duties \_\_\_\_\_

May we contact this employer? **Yes** **No**

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Company \_\_\_\_\_ Job Title \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Supervisor Name / Title: \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month / Day / Year Month / Day / Year

Job Duties \_\_\_\_\_

May we contact this employer? **Yes** **No**

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I certify that the information I have provided above is true and complete. I understand that if I provide false, misleading, or incomplete information in this application, or during the application, interview or hiring process, New Dawn, Inc. (the "Company") may withdraw any employment offer, or terminate my employment, if I am already employed. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying information to the Company in connection with this application and any investigation. I also release the Company from all liability that might result from any investigation of the statements and information contained in this application. I understand that if I am offered a position with the Company, I may be required to submit to a criminal background check and pre-employment tests as a condition of employment. I understand that the Company may withdraw any offer of employment or terminate my employment, if I am already employed, based on the results of such checks or tests. I further understand that if I am hired, I will be employed at will and that either the Company or I may terminate my employment at any time for any reason with or without cause or advance notice. Any oral or written statements to the contrary are not binding on the Company. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information on this application.

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

\_\_\_\_\_  
Date