



EMPLOYMENT APPLICATION

Schlauderaff Implement Co.
60240 US Highway 12
Litchfield, MN 55355
(320) 693-7277 fax (320) 693-2103
www.schlauderaffimplement.com

APPLICANT INFORMATION

Last Name				First			M.I.	Date	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Date Available				Social Security No.			Desired Salary		
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						

PREVIOUS EMPLOYMENT

Company				Phone					
Address					Supervisor				
Job Title				Starting Salary	\$	Ending Salary	\$		
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Company				Phone					
Address					Supervisor				
Job Title				Starting Salary	\$	Ending Salary	\$		
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Company				Phone					
Address					Supervisor				
Job Title				Starting Salary	\$	Ending Salary	\$		
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

GENERAL INFORMATION (special training or skills applicable to position)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize the investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature			Date	
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