

THE JONATHAN ASSOCIATION
111000 Bavaria Road
Chaska, MN 55318
952-448-4700

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Social Security Number _____

Position Applied for _____

Are you a citizen of the United States? _____ Yes _____ No

If not, do you have a work permit? _____ Yes _____ No

Are you a veteran? _____ Yes _____ No Branch _____

Do you have a valid MN Driver's License? _____ Yes _____ No DL# _____

If your application is considered favorably, on what date will you be available for work?

Education:

High School _____ Graduate? _____ Yes _____ No

Business/Trade School _____ Graduate? _____ Yes _____ No

Major/Degree _____

College/University _____ Graduate? _____ Yes _____ No

Major/Degree _____

Graduate School _____ Graduate? _____ Yes _____ No

Major/Degree _____

Previous Employment: (begin with most recent position)

(1) Firm _____ Address _____

Kind of Business _____ Phone # (____) _____

Supervisor name _____ Employed From _____ to _____

Position(s) Held _____ Starting Salary _____ Ending Salary _____

Describe the work you did _____

Reason for Leaving _____

(2) Firm _____ Address _____

Kind of Business _____ Phone # () _____

Supervisor name _____ Employed From _____ to _____

Position(s) Held _____ Starting Salary _____ Ending Salary _____

Describe the work you did _____

Reason for Leaving _____

(3) Firm _____ Address _____

Kind of Business _____ Phone # () _____

Supervisor name _____ Employed From _____ to _____

Position(s) Held _____ Starting Salary _____ Ending Salary _____

Describe the work you did _____

Reason for Leaving _____

**May we contact the employers listed above? _____ If not, indicate which one(s) you don't wish us to contact _____

References: Please furnish the names and phone numbers of 3 people to whom you are not related and by whom you have not been employed.

Name _____ Phone # () _____

Name _____ Phone # () _____

Name _____ Phone # () _____

Summarize your special skills or qualifications _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment or educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature _____ Date _____

