



EDINA

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

Application instructions: If you need assistance in completing this application form during any phase of the interview process, please alert the person who gave this form and every effort will be made to accommodate your needs in a reasonable amount of time. When filling this application out, DO:

- ANSWER ALL QUESTIONS CLEARLY, COMPLETELY AND ACCURATELY
INCOMPLETE OR ILLEGIBLE APPLICATIONS MAY NOT BE PROCESSED

Name (last) (First) (Mi)

Present address

Phone number ( ) Date

Are you 18 years of age, or older?

Employment position desired

Salary desired Date you can start Currently employed?

Circle availability: Full time Part time Circle Availability: Days Nights Open

Place an x in the grid below to indicate the shifts you CAN work.

Grid for indicating shifts you can work, with columns for days of the week and rows for Day and Night shifts.

Table for educational background with columns: Education, School/Name/Location, Highest Grade Completed, Subjects.

**WORK HISTORY**  
Please list most recent job first

MONTH/YEAR	NAME/LOCATION OF EMPLOYER	POSITION	BEGINNING SALARY/ENDING SALARY	REFERENCE NAME AND PHONE #
FROM:				
TO:				

Reason for Leaving: \_\_\_\_\_

MONTH/YEAR	NAME/LOCATION OF EMPLOYER	POSITION	BEGINNING SALARY/ENDING SALARY	REFERENCE NAME AND PHONE #
FROM:				
TO:				

Reason for Leaving: \_\_\_\_\_

MONTH/YEAR	NAME/LOCATION OF EMPLOYER	POSITION	BEGINNING SALARY/ENDING SALARY	REFERENCE NAME AND PHONE #
FROM:				
TO:				

Reason for Leaving: \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ (Proof of eligibility will be required if employed)

Do you fluently speak any other languages? If so, please list. \_\_\_\_\_

How were you referred to CoV? \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

I verify that the information on this application is true and complete and it is understood and agreed that any misrepresentation or falsification of these facts will be sufficient grounds for dismissal if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, and that no representative of the Employer had the authority to make any assurance to the contrary.

I authorize the Employer to investigate all references and secure additional job-related information. I release from liability the Employer and its representatives for seeking such information and all either persons, corporations or organizations for furnishing such information.

The employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's decision for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still want to be considered for employment, it will be necessary for me to fill out a new application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_