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1401 Peterson Street, Marshall, MN. 56258  
Phone: (507) 537-7018 TDY 7-1-1 or (800) 627-3529 Fax: (507) 537-7025

**APPLICATION FOR EMPLOYMENT**  
**(Please Print in Ink or Type)**

**APPLICANT INFORMATION**

Date: \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

**POSITION INFORMATION**

Position Title \_\_\_\_\_

Salary Requirements \_\_\_\_\_ Date Available for Work \_\_\_\_\_

**ADVANCE OPPORTUNITIES IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER**

All qualified applicants will receive consideration for employment, regardless of their race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation or age.

**WORK EXPERIENCE**

Please provide your employment history, starting with most recent.

|  |  |
|--|--|
| Company Name:  | Position Title:  |
| Street Address:  | Description of Duties:   |
| City/State/Zip:  |  |
| Employed from: _____ to _____  | Full Name of Supervisor: _____   |
| Last Salary: \$ _____  | Phone # _____  |
| Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Consultant/Contract | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reasons for leaving:   |  |

|  |  |
|--|--|
| Company Name:  | Position Title:  |
| Street Address:  | Description of Duties:   |
| City/State/Zip:  |  |
| Employed from: _____ to _____  | Full Name of Supervisor: _____   |
| Last Salary: \$ _____  | Phone # _____  |
| Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Consultant/Contract | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reasons for leaving:   |  |

|  |  |
|--|--|
| Company Name:  | Position Title:  |
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| City/State/Zip:  |  |
| Employed from: _____ to _____  | Full Name of Supervisor: _____   |
| Last Salary: \$ _____  | Phone # _____  |
| Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Consultant/Contract | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reasons for leaving:   |  |

|                               |                                |
|-------------------------------|--------------------------------|
| Company Name:                 | Position Title:                |
| Street Address:               | Description of Duties:         |
| City/State/Zip:               |                                |
| Employed from: _____ to _____ | Full Name of Supervisor: _____ |

|  |  |
|--|--|
| Last Salary: \$ _____  | Phone # _____  |
| Employed: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Consultant/Contract | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reasons for leaving:   |  |

*You may attach your resume if you would like to provide further information. The above information still needs to be completed even if you have included your resume.*

**EDUCATION/TRAINING**

|                                     | Name & Location | Field of Study | Grade/Degree Completed |
|-------------------------------------|-----------------|----------------|------------------------|
| High School or GED Equivalent       |                 |                |                        |
| College/University                  |                 |                |                        |
| Technical/Vocational                |                 |                |                        |
| Other (including military training) |                 |                |                        |

Please list any other professional licenses or certifications you may have: \_\_\_\_\_

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**REFERENCES**

Please list three persons who are not related to you and are not previous employers, who would have knowledge of your qualifications for the position you are seeking.

|                     |                         |
|---------------------|-------------------------|
| Name: _____         | Phone #: _____          |
| Relationship: _____ | Years Acquainted: _____ |
| Name: _____         | Phone #: _____          |
| Relationship: _____ | Years Acquainted: _____ |
| Name: _____         | Phone #: _____          |
| Relationship: _____ | Years Acquainted: _____ |

**APPLICABLE SKILLS AND APTITUDES**

You may wish to include software/hardware used; positions held in civic, community or school organizations; involvement in professional societies; special training, languages, or other skills that you feel qualify you for this position.

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**APPLICABLE VOLUNTEER OR INTERN EXPERIENCE**

| Type of Experience | Agency or School Name & Address | Date | Contact Person & Phone Number |
|--------------------|---------------------------------|------|-------------------------------|
|                    |                                 |      |                               |
|                    |                                 |      |                               |

## GENERAL INFORMATION

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

Have you ever applied for employment here before?  Yes  No If so, when? \_\_\_\_\_

Have you worked for this Agency before:  Yes  No If yes, when? \_\_\_\_\_

*Advance Opportunities is an equal opportunity provider and employer.*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

## **AUTHORIZATION**

### **Please read carefully before signing:**

All offers of employment are conditional subject to investigation of all statements made in this application.

I certify, to the best of my knowledge, that all information provided by me on this application is true and complete. I understand that any false or misleading statements made by me in the application process are sufficient reason for my not being hired or for my dismissal if I am already employed no matter when discovered.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Agency and myself for employment. No promise regarding employment has been made to me, and I understand that no such promise is binding upon the Agency unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason and the Agency retains the same right regarding the discontinuation of my employment.

I hereby acknowledge that I have read the above statement and understand it. I agree to its terms.

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Signature of Applicant

Date

To aid in verification, list any other name(s) under which school, employment, or other records are kept:

(Please Print) \_\_\_\_\_