

PLEASE PRINT

Site

Last Name

First Name

Middle Name

Date of Application

APPLICATION FOR EMPLOYMENT

In order that your application may be properly evaluated, it is essential that all questions in this application be answered carefully and completely, including your signature.

Sentinel Management Company

5215 Edina Industrial Boulevard · Suite 100 · Edina, MN 55439-3023 · Phone: 952-831-5002 · Fax: 952-893-0165

It is the policy and practice of this Company to select new employees and to promote current employees on the basis of their qualifications - without regard to national origin, age, race, sex, color, religion, marital status, handicap or veteran status.

PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number
Present Address (Street, City, State and ZIP)			Home Phone Number
Email Address			Cell Phone Number
Are you under 18 years of age? _____ Yes _____ No			
Have you ever been employed by this company? _____ Yes _____ No If yes, when? _____			
Have you applied for a position with this company before? _____ Yes _____ No			
If yes, when? _____ Location _____			
Are you legally eligible for employment in this country? _____ Yes _____ No (Proof of U.S. citizenship or immigration status will be required upon employment.)			
* In accordance with the "Kari Koskinen Manager Background Check Act", a criminal background search will be done on all final applicants.			
* You may be required to provide fingerprints.			

WORK PREFERENCE

Position Desired	_____ Full Time _____ Part Time _____ Temporary
Salary Desired	Hours Preferred _____ Days Only _____ Nights Only _____ Days or Nights _____
Date Available to Start Working	Are you available to work overtime, if asked? _____ Yes _____ No
Will you relocate if job requires it? _____ Yes _____ No	Will you travel if job requires it? _____ Yes _____ No

EDUCATIONAL BACKGROUND

Type of School	Name & Address of School (Include city and State)	No of Years Completed	Type of Degree Major Subjects
High School			
College or University			
Technical School (Vo-tech, etc.)			
Business School			
Other (specify)			

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS, STARTING WITH THE MOST RECENT

Company Name	Telephone
Address (Street, City and State)	Dates Employed (Month/Year) From: _____ To: _____
Name of Supervisor	Pay Starting _____ Final _____
Job Title	Reason for Leaving (explain)
Describe Work Performed	

Company Name	Telephone
Address (Street, City and State)	Dates Employed (Month/Year) From: _____ To: _____
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List any foreign language(s) and check the box that best describes your skill level.				
Language	Read and Write	Read and Speak	Read Only	Speak Only

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

Organization	Offices Held

List any licenses you currently hold (boiler, CPO, etc.).

Organization	License

List any additional information you would like us to consider.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and and/or separation from the employer's service 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. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other 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 consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ **Date** _____ / _____ / _____