

## Job Application 475 East 4th Street North Phone: 507-423-5530 E-Mail: info@extremepanel.com Cottonwood, MN 56229 Fax: 507-423-5531

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Last	First	MI	SSN#	Email	
Street Address	City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the Unit	ted States? Yes No	Are you 18 or older?	Yes No	If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?		If yes, please explain:			
Military Service? Yes No	Branch	Are you a veteran?	Yes No	War	
What position are you applying for?		How did you hear abou	ut this position?		
Expected Hourly Rate	Expected Weekly Earnings	Date Available			
Prior Work Experience	Current or Most Pagent	Duiou		Duiou	
Employer	Current or Most Recent	Prior		Prior	
Address					
City, ST, ZIP					
Telephone					
Name of Immediate Supervisor					
Dates of Employment	From To	From	То	From	То
Position/Job Title					
Pay					
Reason for Leaving					
May We Contact	Yes No	Yes	No	Yes	No
Education	Name/Location	Last Year Complete		Degree	Major or Emphasis
High School	Name/ Education	9 10	11 12	Degree	Major of Emphasis
College/University		1 2	3 4		
Trade School					
Other					
Other References (Please list three pr		#2		#3	
	ofestional references) #1	#2		#3	
References (Please list three pr		#2		#3	
References (Please list three pr		#2		#3	
References (Please list three pr Full Name Company		#2		#3	
References (Please list three pr Full Name Company Address		#2		#3	
References (Please list three pr Full Name Company Address City, ST, ZIP		#2		#3	
References (Please list three pr Full Name Company Address City, ST, ZIP Telephone Relationship May We Contact		#2	No No	#3	No No
References (Please list three pr Full Name Company Address City, ST, ZIP Telephone Relationship	#1		No		No No
References (Please list three pr Full Name Company Address City, ST, ZIP Telephone Relationship May We Contact	#1		No No		No No
References (Please list three pr Full Name Company Address City, ST, ZIP Telephone Relationship May We Contact Areas of special interest:	#1		No No		No No
References (Please list three pr Full Name Company Address City, ST, ZIP Telephone Relationship May We Contact Areas of special interest: Special Training: Special Skills:	#1		No No		□ No Date