Met Lounge 26 East 6th Street Morris MN 56267 (320)589-1440

| 2. Today's Date: | | | | |
|---|----------------------------|-------------------------------|---------------------------------------|--|
| | | | | |
| 3. Full legal Name: | | | | |
| 4. Home Phone: | Last Name () | First Cell Phone | ə· () | Middle |
| 5. Street Address: | \ / | Gell ; Holle | y. () | |
| o. 0. 000 / (adiooo. | | | · · · · · · · · · · · · · · · · · · · | |
| | 011 | 0: : | Zip | |
| 7. Education: | City | State | 2 ,p | |
| 7a. Highest school grade of | completed: | 12 | 7 | 11 □12 |
| 7b. Do you have a high sch | · | | | 1112 |
| 7c. Number of years of pos | | | ☐ NO ☐4 ☐5 ☐6 ☐7 | |
| 8. Name and Location of 8 | Educational Institution: | Degree Received | Major / Specialty | Dates Attended |
| 8b. | _ | | | |
| 8c. | | | | |
| 9a. Completion Date: | · | | | |
| your knowledge, skills and a 10a. Job Title Employer Name | | e your qualifications for the | | and voluntary work experience. Describe are applying. |
| your knowledge, skills and | abilities that demonstrate | e your qualifications for the | | |
| your knowledge, skills and a 10a. Job Title Employer Name | abilities that demonstrate | e your qualifications for the | position for which you | |
| your knowledge, skills and a 10a. Job Title Employer Name | abilities that demonstrate | e your qualifications for the | position for which you | |
| your knowledge, skills and 10a. Job Title Employer Name Employer Address Supervisor / Manager Title Final Salary Dates (Month/ Year) | abilities that demonstrate | e your qualifications for the | Job Duties: Reason for leaving | |
| your knowledge, skills and 10a. Job Title Employer Name Employer Address Supervisor / Manager Title Final Salary Dates (Month/ Year) Hours/week 10b. Job Title Employer Name | abilities that demonstrate | e your qualifications for the | position for which you Job Duties: | |

| 2. References: ist the full name, address, phone num | her and relationships (oveluding | family mambars) of a | in to three persons that | rould like to use on a |
|--|--|--|--|---|
| eference: | | iamily members) or t | | |
| Full Name | Address | | Phone Number | Relationship |
| | | | | |
| | | | | |
| 3. Miscellaneous Information:3a. Which shifts are you willing to ac | cent: ☐ Day ☐ Evening ☐ Ni | ght □ Rotating □ | Weekends Specify shift | houre |
| 3b. Which job status are you willing to | o accept: Full-time Part-tin | me (specify) | vveekends opecity still | Tiodis |
| Compliance with the Immigration I hat you are you legally eligible for emp | Reform and Control Act requires loyment in the United States? | ☐ Yes ☐ No. | | |
| Please note that under the Immigration sligible to be employed and verifying yo | Reform and Control Act of 1986, our identity. You may also be will | that you may be red be required to provi | quired to fill out a certifica de documentation that yo | ation verifying that you are ou should you be employed |
| 5. Veteran Status: Are you a veteran | who received an honorable disc | harge and has: | | |
| Provided more than 180 consecutive nore than the National Guard?, or the Have a military service disability rational Yes □ No. | | | ne United States or rese | rve components, including |
| 6. Prior Convictions: | | | | |
| 6a. Have you ever been convicted of If yes, then please provide the followi | any violation of law, excluding mong: | oving traffic violation | s: Yes No | |
| Describe the Offense : Statute / Ordinance (if known): County, City, and State of Conviction: | Date of Charge: | ; Date of Co | prviction | |
| 7. Work Start Date: When will you b | e available to start work? | | | |
| 8. Job Application Certification: | ear | | | |
| hereby certify that all entries on this jo alsification this information may result | b application and any attachmen in my forfeiture of employment. | ts are true and comp | olete. I also agree and u | nderstand that any |
| understand that all information on this gree that you may contact references | job application is subject to verif and educational institutions listed | ication and I consent d on this application | t to criminal history and b | packground checks. I also |
| Dated | Job Applicant Signature | | | |
| | _ | | | |
| | | | | |
| | | | | |

11. **Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills: