



606 County Road 1  
Phone (507) 427-2924  
Mountain lake, MN 56159

## APPLICATION FOR EMPLOYMENT

### Name of Applicant

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at present address? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Addresses for past 3 years? \_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date you can start? \_\_\_\_\_

Social Security # \_\_\_\_\_

Marital Status \_\_\_\_\_

### Driver License #

State

Class

Expiration Date

Please leave a Copy

### EDUCATION

Grammar School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Trade/Business School \_\_\_\_\_

### GENERAL INFORMATION

Subjects of Special Study \_\_\_\_\_

Special Skills \_\_\_\_\_

U.S. Military or Naval Service Rank \_\_\_\_\_ Present Membership? \_\_\_\_\_

### REFERENCES

List the names of three persons not related to you , whom you have known for at least one year.

Name Address Phone Business Years Known

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes \_\_\_\_\_

No \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?

Yes \_\_\_\_\_

No \_\_\_\_\_

If the answer to either question is yes, please explain. Attach statement if more space is required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT RECORD**

Last Employer

\_\_\_\_\_  
\_\_\_\_\_

Address

Position Held

From

To

Reasons for leaving

\_\_\_\_\_

Second Last Employer

\_\_\_\_\_  
\_\_\_\_\_

Address

Position Held

From

To

Reasons for leaving

\_\_\_\_\_

Third Last Employer

\_\_\_\_\_  
\_\_\_\_\_

Address

Position Held

From

To

Reasons for leaving

\_\_\_\_\_

To be read and signed by applicant

I certify that any answers given on this application are true and complete to the best of my knowledge.

I give Bergen, Incorporated all authorization to investigate any statement contained in this application for employment as may be necessary in arriving at an employment decision.

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.**

Employee Signature

Date