

Northern Lights Ballroom and Banquet Center, Inc.

10376 112th Ave Milaca • MN 56353

Employment Application

Please provide us with complete information to aid us in giving your application full consideration. If desired you may attach any other information you feel may further your qualifications to the back of this application.

Northern Lights Ballroom and Banquet Center, Inc. is an equal opportunity employer, and does not discriminate in employment on the basis of race, color, creed, religion, age, national origin, marital status, status with regard to public assistance, or disability in the admission or access to, or treatment of employment in its programs, or activities.

Please print legibly and complete ALL information requested.

Date _____ Social Security Number _____

Name _____

First

Middle

Last

Present Address _____

Street

City

State

Zip

Permanent Address _____

(if different from above) Street City State Zip

Phone Number _____ Cell Phone Number _____

How did you learn about this job? _____

Have you ever been employed by Northern Lights Ballroom and Banquet Center?

No ____ Yes ____ If yes, reason for leaving? _____

Names of friends or relatives employed by Northern Lights Ballroom and Banquet Center?

Employment Desired

Position _____ Date you can start _____

Current Employer? _____

May we inquire of your present employer? _____

Education

Type Of School	Name & Location Of School	Currently Attending	Completed	Course Of Study	Degree?
High School					
College					
College					
Other					

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Subjects of special studies (word processing/computer skills, special experience, ect.)

Special Licenses, Certifications _____

Former Employers

List below all past employers starting with the last one first. You may list additional jobs if you believe that they relate to your qualifications for this position. Provide names of all supervisors and their phone numbers. Please Print.

Present or most recent employer _____

Address _____ Phone Number _____

Type of business _____ Salary/Wage (Starting) _____ Last _____

From: ____/____ to: ____/____ Reasons for Leaving (be specific) _____

Immediate Supervisor _____

Name

Title

Phone Number

Other Individuals who Supervised your Work _____

Your Position _____

Describe your duties and responsibilities in detail: _____

Former employer _____

Address _____ Phone Number _____

Type of business _____ Salary/Wage (Starting) _____ Last _____

From: ____/____ to: ____/____ Reasons for Leaving (be specific) _____

Immediate Supervisor _____

Name

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Phone Number

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Immediate Supervisor _____

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Other Individuals who Supervised your Work _____

Your Position _____

Describe your duties and responsibilities in detail: _____

Former employer _____

Address _____ Phone Number _____

Type of business _____ Salary/Wage (Starting) _____ Last _____

From: ____/____ to: ____/____ Reasons for Leaving (be specific) _____

Immediate Supervisor _____

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Other Individuals who Supervised your Work _____

Your Position _____

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Describe your duties and responsibilities in detail: _____

References (provide below the names of three persons not related to you, whom you have known at least one year)

Name and Years Acquainted	Address of Person	Phone Number	Business
1.)			
2.)			
3.)			

Have you ever been convicted of a crime? _____ Yes _____ No If yes, explain (you will still be considered for employment)

Would you have any difficulties or problems in performing the duties of this job?

If yes, is there an accommodation or accommodations that you believe would allow you to perform the duties of this job? _____ Please describe: _____

Are there any times or days when you are not available for work? _____ If yes, please provide the days and times when you are not available: _____

There may be age requirements by law regarding the times and duties associated with this position. If offered employment, you will be required to provide adequate proof that you meet these age requirements.

If offered employment, you will be required to provide proof of employment eligibility in the United States.

I hereby authorize Northern Lights Ballroom and Banquet Center to investigate all statements contained in this application. I understand that misrepresentation or omission of material facts will be considered cause for discharge.

Signature _____

Northern Lights Ballroom and Banquet Center, Inc.

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Release Of Information Authorization

As evidence of my desire to obtain employment with Northern Lights Ballroom and Banquet Center, I empower Northern Lights Ballroom and Banquet Center and/or its agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies (including the Minnesota Bureau of Criminal Apprehension), workers' compensation agencies or individuals, relating to my past activities, to supply any and all information concerning my background, and release them from any liability resulting from providing such information. The information received may include, but is not limited to academic, residential, reward, achievement, job performance, attendance, litigation, personal history, financial records, driving history, disciplinary, and conviction records.

By my signature below, I hereby release an individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply.

I hereby certify that all the statements and answers set forth on the application form and/or my résumé are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Last Name: _____ First Name: _____ Middle Name: _____

Previous Name/ Maiden Name: _____ Date Changed: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License Number: _____ State Issued: _____

I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Signature: _____ Date: _____