

# BRAINERD LICENSE OFFICE

Employment Application

623 NW 4<sup>th</sup> St  
Brainerd, MN 56401  
218-855-5169

[brainerd@licensem.nm](mailto:brainerd@licensem.nm)

## APPLICANT INFORMATION

Last Name		First		M.I.	D.O.B.		
Street Address				Apartment/Unit #			
City			State	ZIP			
Date Available			Home Phone			Cell Phone	
Preferred Number of Hours			E-mail Address				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If selected for employment, are you willing to submit to a drug screening test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Do you have experience with Microsoft Word?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have experience with Microsoft Excel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you familiar with cash registers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you operate a 10 key (Calculator)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Can you operate a credit card machine?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have good money skills?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

## EDUCATION

<b>High School</b>			City / State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Degree</b>	
<b>College /Other</b>			City / State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Degree</b>	

## PREVIOUS EMPLOYMENT

<b>Company</b>				Phone		
Address			Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>Company</b>				Phone		
Address			Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>Company</b>				Phone		
Address			Supervisor			

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES  NO

**TELL US ABOUT YOURSELF**

**What is your greatest strength?**

**What is your proudest achievement?**

**What's the most important thing you've learned in life?**

**Describe the best supervisor you have ever had:**

**REFERENCES**

*Please list three references.*

<b>Full Name</b>		Relationship	
Company		Phone	
Address			
<b>Full Name</b>		Relationship	
Company		Phone	
Address			
<b>Full Name</b>		Relationship	
Company		Phone	
Address			

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Electronic signature acceptable, click signature box below to electronically sign.

Signature

Date