Application for Employment

Please mail or fax to:
Audubon Center of the North Woods
PO Box 530, Sandstone, MN 55072
Fax: 320-245-5272

Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)		(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.? ☐ Yes ☐ No			

POSITION

Position Or Type Of Employment Desired	Will Accept:
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No	☐ Part-Time ☐ Full-Time ☐ Temporary
Salary Desired	Date Available

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? ☐ Yes ☐ No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			☐ Yes ☐ No		
	To					
	From			☐ Yes ☐ No		
	To					
	From			☐ Yes ☐ No		
	To					
	From			☐ Yes ☐ No		
	To					

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	**Number**	**Where Issued**	**Expiration Date**

Languages Read, Written or Spoken Fluently Other Than English

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? ☐ Yes ☐ No	

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Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? ☐ Yes ☐ No	

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		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? ☐ Yes ☐ No	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant_____ Date_____

Interviewer's Comments: