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**Employment Application**

**Applying for Position Title:** \_\_\_\_\_

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone			Cell Phone		
E-mail Address					
Date Available					
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Are you willing to relocate?	YES	NO	If so, when?		
Do you have a Driver's License?	YES	NO	If so, provide number.		

WORK EXPERIENCES					
<i>Please list three relevant work experiences.</i>					
Employer Name			Position Title		
Start Date		End Date		No. of Employees Supervised	
Address (Street, City, State, Zip)					
Company Phone Number			Company URL		
Reason for Leaving					
Current Salary			Hours Worked per Week		
Supervisor Name				May we contact this person?	YES NO
Duties					

Employer Name		Position Title	
Start Date		End Date	No. of Employees Supervised
Address (Street, City, State, Zip)			
Company Phone Number		Company URL	
Reason for Leaving			
Current Salary		Hours Worked per Week	
Supervisor Name		May we contact this person?	YES NO

Duties

Employer Name		Position Title	
Start Date		End Date	No. of Employees Supervised
Address (Street, City, State, Zip)			
Company Phone Number		Company URL	
Reason for Leaving			
Current Salary		Hours Worked per Week	
Supervisor Name		May we contact this person?	YES NO

Duties

**REFERENCES**

*Please list three professional references.*

Full Name		Position	
Company		Phone	
Address (Street, City, State, Zip)			
Email Address			

Full Name		Position	
Company		Phone	
Address (Street, City, State, Zip)			
Email Address			

Full Name		Position	
Company		Phone	
Address (Street, City, State, Zip)			
Email Address			

**EDUCATION**

School Name				Address				
From		To		Did you graduate?	YES	NO	Degree	
School Name				Address				
From		To		Did you graduate?	YES	NO	Degree	
School Name				Address				
From		To		Did you graduate?	YES	NO	Degree	

**CERTIFICATES AND LICENSES**

Type				
License Number			Issuing Agency	
Type				
License Number			Issuing Agency	
Type				
License Number			Issuing Agency	

SKILLS			
Languages Spoken			
<b><i>Please list up to three other trainings and/or experiences relevant to the Position, if applicable</i></b>			
Training Name			
Taken at/Sponsored by		Date Taken	
Training Name			
Taken at/Sponsored by		Date Taken	
Training Name			
Taken at/Sponsored by		Date Taken	
<b><i>Please list up to three relevant Professional Association memberships , if applicable</i></b>			
Professional Association			
Professional Association			
Professional Association			
<b><i>Please list up to three relevant honors and awards , if applicable</i></b>			
Honor or Award Name		Date Received	
Honor or Award Name		Date Received	
Honor or Award Name		Date Received	

ADDITIONAL QUESTIONS	
How did you hear of this posting?	
<b><i>List any other related information that you would like to be taken into account when reviewing your application</i></b>	

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.	
Signature	Date