

100 Red Rock Road Newport, MN 55055 Office: 651-768-6670 HR@recyclingandenergy.org

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 Add	Iress											
Date Avail	able											
Are you a	citizen of the United States?	YES	NC)	If no, are you authorized to work in the U.S.?					.S.?	YES	NO
Are you willing to relocate?		YES	NO		If so, when?						·	
Do you have a Driver's License? YES		YES	NC)								
WORK EXI	PERIENCES											

WORK EXPERIENCES										
Please list th	ree relev	ant work exp	periences.							
Employer Na	ame			Position Title						
Start Date		End Da	ite	No. of Employees Supervised						
Address (Str	eet, City, S	State, Zip)								
Company Ph	one Num	ber		Company URL						
Reason for L	eaving									
						Hours Worked per W	Veek			
Supervisor N	lame				t 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						
				Hours Worked per W	/eek	
Supervisor Name			May we contac	t this person?	YES	NO
Duties			1			
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						
				Hours Worked per W	eek	
Supervisor Name			May we contac	t this person?	YES	NO
Duties						

REFERENCES											
Please list three professional references.											
Full Name	-ull Name					Position					
Company	Company					Phone					
Address (S	treet, City,	State,	Zip)								
Email Address											
Full Name						Position					
Company						Pho	ne				
Address (S	treet, City,	State,	Zip)								
Email Addı	ress										
Full Name						Posi	tion				
Company						Phone					
Address (S	treet, City,	State,	Zip)								
Email Addı	ress			l							
EDUCATIO	N										
School Nar	me						Addr	ess			
From		То			Did you gradu	iate? YES			NO	Degree	
School Nar	me					Address					
From		То			Did you gradu	iate? YES			NO	Degree	
School Nar	me					Address		ess			
From To Did you gradu			ate? YES			NO	Degree				
CERTIFICATES AND LICENSES											
Туре											
License Number Issuing Agency											
Туре											
License Number Iss							Issui	ng Agency			
Туре											
License Nu	License Number Issuing Agency										

SKILLS											
Languages Spoken											
Please list up to three other trainings and/or experiences relevant to the Position, if applicable											
Training Name											
Taken at/Sponsored by Date Taken											
Training Name											
Taken at/Sponsored by Date Taken											
Training Name											
Taken at/Sponsored by		Date Taken									
Please list up to three relev	vant Professional Association me	mberships , if applicable									
Professional Association											
Professional Association											
Professional Association											
Please list up to three relev	vant honors and awards , if appli	cable									
Honor or Award Name			Date Received								
Honor or Award Name			Date Received								
Honor or Award Name Date Received											
ADDITIONAL QUESTIONS	2										
How did you hear of this pos		taken into account when review	ina vour application								
			,								
DISCLAIMER AND SIGNATU	RE										
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	Signature Date										