

## **Northway Irrigation Inc.** P.O. Box 249

P.O. Box 249 Circle Pines, MN 55014 Office: 763-786-4379 \* Fax: 763-786-2620

Personal Information			Date Received:	
Last Name	First Name	Middle Name	Today's Date	
Street Address	City	State	Zip Code	
Home Phone: ()	<del>_</del>		ates Citizen or legally eligible to work in	
Work Phone: ()			esNo (if hired, you will be required to ion that you are eligible to work in the U.S.)	
Other: ()	<del>_</del>			
Are you 18 or over?	YesNo			
Title of Position Applyi	ng For		Date Available to Work	
Are you employed now?	If so, n	nay we contact your present e	mployer?	

Education						
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma			
High School						
College						
Technical or Certificate Programs						

	Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary)			
Employer:	Dates Employed:		Job Title:	
	From	То		
Address:				
Telephone:		Job Duties:		

Weekly Pay Start: Finish:	
Reason for Leaving:	

Employer:	Dates Employed:		Job Title:
	From	То	
Address:			
Telephone:		Job Duties:	
Weekly Pay Start: Finish:			
Reason for Leaving:			

Employer:	Dates Employed:		Job Title:
	From	То	
Address:			
Telephone:		Job Duties:	
Weekly Pay Start: Fini	sh:		
Reason for Leaving:			

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

References	S Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known	

Please indicate whether you hold the following valid drivers licenses:

Class A

Drivers License Number:

Class B \_\_\_\_\_

State Issued:\_\_\_\_\_

Class C

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Northway Irrigation Inc. is an Equal Opportunity Employer. It is the policy of Northway Irrigation Inc. not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date