

**Redwood Falls Location:**  
515 W Bridge St, PO Box 248  
Redwood Falls, MN 56283  
507-637-3503



**SERVICE ENTERPRISES, INC.**  
Opportunities for People & Business

**Marshall Location:**  
700 N 7th St  
Marshall, MN 56258  
507-532-5503

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, creed, religion, national origin, sex, disability, age, marital status, sexual preference, veteran status with regard to public assistance. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

**PERSONAL INFORMATION:**

Today's Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Best time to contact? \_\_\_\_\_  
Referred by: \_\_\_\_\_ Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_  
Salary Desired: \_\_\_\_\_ Have you applied here before? \_\_\_\_\_ When? \_\_\_\_\_  
Are you employed now? \_\_\_ Yes \_\_\_ No If so, may we inquire of your present Employer? \_\_\_ Yes \_\_\_ No

**EDUCATION:**

	Name and Location of School	Circle	
		Last Year Completed	Did You Graduate?
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
College		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade, Business or Correspondence School		1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subjects Studied and Degree(s) Received			

**GENERAL:**

Do you have some special job-related skills, interests, or experiences? \_\_\_\_\_

**REFERENCES:**

List below three persons not related to you whom you have known at least one year.  
At least one should be a former employer.

	Name	Address & Telephone #	Position	Years Acquainted
1				
2				
3				

**FORMER EMPLOYERS:** List below your last four employers, starting with the last one first.

Employer	Dates Employed from to		Position / Work Performed
Address			
Telephone #	Hourly Rate / Salary Starting Final		
Job Title Supervisor			
Reason for leaving			

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Address			
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**AUTHORIZATION:**

I certify that the facts in this application are true and complete to the best of my knowledge and I understand that, if employed, misrepresentation of information requested is cause for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment, and any pertinent information they may have; and release all parties from all liability for any damage that may result from furnishing same to you.

Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**If returning by mail please send to the Redwood Falls PO Box on the front of this application.**