

EMPLOYMENT APPLICATION



Your Full Service Commercial Real Estate Source

2489 Rice Street, Suite 40, Roseville MN 55113

651-482-9668 www.officehere.com

APPLICANT INFORMATION:

Today's Date: _____

Position Desired: _____

Name: _____
Last First Middle

Phone: _____ (home) _____ (cell)

Current Address: _____

INSTRUCTIONS:

Office Here, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If you need assistance with the application process, please notify the person that gave you this form and every effort will be made to reasonably accommodate your needs.

1. Please thoroughly read all statements contained in this Application form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. Incomplete or illegible applications will not be processed
4. Do not fill out any other attached forms unless and until instructed.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the applications process or, if discovered after employment, terminating employment. This application applies only to the position specified. If you wish to be considered for future openings, you may be required to complete another application.

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal Law.

AVAILABILITY

Are you legally authorized to work in the United States? Yes No

Are you a minimum of 18 years of age, and can you provide proof of eligibility to work? Yes No

What date could you start? _____

What job category would you prefer? Full-time Part-time Temporary On Call/Casual

Days/Shifts Available: Monday Tuesday Wednesday Thursday Friday Saturday

Sunday Days Evenings Overtime All Shifts Other _____

EDUCATION

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

Name	City/State	Degree Earned
High School		
College		
Other		

JOB-RELATED SKILLS

Yes No Have you received a job description or had the requirements explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job?

Yes No If the job requires you to drive, do you have the appropriate valid driver's license?

DL# _____ Type _____ State of Issue _____

Have you had any moving violations in the last 3 years? Yes No

If "Yes" please describe: _____

Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value in this position or for our organization: _____

JOB-RELATED SKILLS

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Company Name _____ Address _____ </div> <div style="width: 35%; border: 1px solid black; padding: 2px;"> () Phone Number </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> From: _____ To: _____ Dates Employed _____ </div> <div style="width: 35%;"> Supervisor's Name / Phone Number _____ \$ _____ Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Annually </div> </div>
Job Title _____ Duties: _____ _____ Reason for Leaving: _____ _____	
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REFERENCES

Include only individuals familiar with your work capabilities. Do not include relatives/

Name	Address	Phone	Years Known	Relationship
1.				
2.				
3.				

CERTIFICATION

I certify the answers given by me to the foregoing questions, and any statements made by me, are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment shall be "at-will", and that either the employer or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

AUTHORIZATION

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities, to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities, from any liability for any damage whatsoever for issuing this information.

Applicant's Full Name (please print): _____

Signature: _____ Date: _____