



languagestudio

## EMPLOYMENT APPLICATION

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**Last Name**

**First Name**

**Middle Name**

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**Position Applying for**

**Date**

## APPLICATION FOR EMPLOYMENT

**Please Print**

**Date** \_\_\_\_\_

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Last Name

First Name

Middle Initial

Social Security Number

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Street Address

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City

State

Zip Code

Area Code & Phone Number

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Are You Above the Age of 16?

Are you legally permitted to work in the USA?

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Have you filed an application or been employed here before? \_\_\_\_Yes \_\_\_\_No If yes, when?\_\_\_\_\_

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How did you learn about the job for which you are applying?

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**Job Interest:**

\_\_\_\_\_  
Position applied for Salary requested

\_\_\_\_\_  
Type of position requested:

\_\_\_ Full Time \_\_\_ Part Time      Days and Hours Available to work: \_\_\_\_\_

\_\_\_ Regular \_\_\_ Temporary      Date Available to Start Work \_\_\_\_\_

Are there any hours or shifts you are unable to work? If so, please describe.    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education Record:**

\_\_\_\_\_  
Name of School                      Location                      Curriculum/Major                      Grade or Degree Completed

\_\_\_\_\_  
High School

\_\_\_\_\_  
Collage or University

\_\_\_\_\_  
Trade or Vocational

\_\_\_\_\_  
Business or Other

**Where applicable, License or Certificate must accompany this Application.**

**Professional Registration or License Number, if applicable:** \_\_\_\_\_.

**EMPLOYMENT RECORD**

**List current or most recent employer first. May we contact your present employer? \_\_\_ Yes \_\_\_ No**

\_\_\_\_\_  
**\*Present or Last Employer                      Address                      City                      State                      Zip Code**

\_\_\_\_\_  
From: Month/Yr    To: Month/Yr    Reason for Leaving                      Last Salary

\_\_\_\_\_  
Job Title                      Supervisors Name & Phone #                      \_\_\_ Full or \_\_\_ Part Time

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Description of Duties

.....

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**\*Present or Last Employer**                      **Address**                      **City**                      **State**    **Zip Code**

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from: Month/Yr    To: Month/Yr    Reason for Leaving                      Last Salary

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Job Title                      Supervisors Name & Phone #                      \_\_\_\_ Full or \_\_\_\_ Part Time

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Description of Duties

.....

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**\*Present or Last Employer**                      **Address**                      **City**                      **State**    **Zip Code**

---

from: Month/Yr    To: Month/Yr    Reason for Leaving                      Last Salary

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Job Title                      Supervisors Name & Phone #                      \_\_\_\_ Full o r \_\_\_\_ Part Time

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Description of Duties

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**\*Present or Last Employer**                      **Address**                      **City**                      **State**    **Zip Code**

---

from: Month/Yr    To: Month/Yr    Reason for Leaving                      Last Salary

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Job Title                      Supervisors Name & Phone #                      \_\_\_\_ Full or \_\_\_\_ Part Time

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Description of Duties

**PERSONAL REFERENCES**

<b>NAME AND OCCUPATION</b>	<b>ADDRESS AND PHONE NUMBER</b>	<b>NUMBER OF YEARS KNOWN</b>
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please indicate any other names by which these employers or references would recognize you:

\_\_\_\_\_

Please be sure to sign this application and read the following statements carefully.

I certify that all the information I have provided on this application is true and complete. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal, if I am hired.

I authorize you to make such investigations and inquiries of my past/present employment, statements contained on the application and other related matters as may be necessary in arriving at an employment decision. I hereby release from all liability or responsibility all employers, schools or persons supplying information. I understand, also, that I am required to abide by all rules and regulations of the facility.

Signature	Printed Name	Date
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Language Studio is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, age, national origin, marital status, physical examination, creed, sexual orientation, public assistance status, disability or veteran's status, or any other categories protected by law.



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APPLICANT FLOW SURVEY FORM

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Last Name

First Name

Middle Initial(s)

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Position(s) for which you are applying

Date

**Please read carefully:**

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to the Minnesota Department of Human Rights. Please help us gather this information by identifying your sex, race or ethnicity and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*. \* When we receive this form, we

will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

**1. Group Status** \_\_\_\_\_

**2. Gender** \_\_\_\_\_

Caucasian (not of Hispanic Origin)     Male

Black (not of Hispanic Origin)     Female

Hispanic Origin

Asian or Pacific Islander

Native American or Alaskan Native (not of Hispanic Origin)

**3. Disability Status**

I have a disability:

Yes

No

**\*This form is *not used for employment decisions*.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.