



2740 American Blvd W Suite 100 Bloomington, MN 55431  
 TEL: (952) 858-8807 FAX: (952) 858-8835

DATE: \_\_\_\_\_, 20\_\_\_\_

PLEASE READ CAREFULLY; ANSWER ALL QUESTIONS; PRINT CLEARLY IN INK. IF ANY ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL PAPER MANAGEMENT AND PROFESSIONAL APPLICANTS MUST ATTACH A RESUME.

**PERSONAL**

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NO.	
HOME ADDRESS	STREET	APT.	CITY	STATE	ZIP CODE
HOME PHONE	MESSAGE PHONE	HAVE YOU BEEN PREVIOUSLY EMPLOYED BY PROFESSIONAL RESOURCE NETWORK, INC.? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DATES: FROM: _____ TO: _____			
ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF UNDER 18, CAN YOU, AFTER EMPLOYMENT, SUBMIT A WORK PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>		

CAN YOU AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES  NO

**HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING THE ABUSE, NEGLECT OR MISTREATMENT OF AN INDIVIDUAL OR ANY OTHER FELONY OR MISDEMEANOR?** (EXCEPT ROUTINE TRAFFIC VIOLATIONS). A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU. YES  NO  (IF YES, LIST BELOW)

OFFENSE(S)	DATE	PLACE	DISPOSITION
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**HOW DID YOU LEARN OF THIS JOB OPENING?** (CHECK ONE)

- EMPLOYEE REFERRAL   
  NEWSPAPER   
  WALK IN   
  JOB SERVICE   
  COLLEGE, TRADE SCHOOL, OTHER  
 OTHER (EXPLAIN \_\_\_\_\_)

**JOB INTEREST**

POSITION (S) DESIRED	FIRST CHOICE	SECOND CHOICE	DATE AVAILABLE	SALARY REQUIRED		
WORK HOURS/SHIFT PREFERRED	FULL-TIME YES <input type="checkbox"/> NO <input type="checkbox"/>	PART TIME YES <input type="checkbox"/> NO <input type="checkbox"/>	DAYS YES <input type="checkbox"/> NO <input type="checkbox"/>	EVENINGS YES <input type="checkbox"/> NO <input type="checkbox"/>	NIGHTS YES <input type="checkbox"/> NO <input type="checkbox"/>	WEEKENDS YES <input type="checkbox"/> NO <input type="checkbox"/>

**EDUCATIONAL RECORD**

CIRCLE HIGHEST GRADE COMPLETED	GRADE SCHOOL AND HIGH SCHOOL												COLLEGE OR GRAD. SCHOOL											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6						
NAME, CITY AND STATE OF SCHOOLS ATTENDED	MAJOR FIELD												DEGREE						YEAR GRADUATED					
LAST HIGH SCHOOL																								
LAST COLLEGE / UNIVERSITY OR NURSING SCHOOL																								
GRADUATE, TECHNICAL OR VOCATIONAL SCHOOL																								
LIST COURSES IN WHICH YOU ARE NOW ENROLLED																								

**PROFESSIONAL LICENSES / CERTIFICATES**

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

PLEASE LIST JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE OR HANDICAP)

**SKILLS**

TYPING SPEED	SHORTHAND SPEED	COMPUTER	DICTAPHONE	PBX	MEDICAL TERM.
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This employer is subject to Sections 503 and 504 of the Rehabilitation Act of 1973. If you have a handicap, are a disabled veteran or veteran of the Vietnam era, and would like to be considered under our Affirmative Action Program please tell us. Information is voluntary and will be kept in confidence. Call Director of Human Resources or the Administrator.

BE 805 (7/92)

## WORK EXPERIENCE

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_ WHAT OTHER NAME(S) HAVE YOU WORKED UNDER? \_\_\_\_\_

**LIST YOUR LAST OR PRESENT EMPLOYER FIRST (INCLUDING VOLUNTEER EXPERIENCE) AND ACCOUNT FOR ANY LAPSE OF TIME BETWEEN EMPLOYMENT (USE ADDITIONAL PAPER IF NECESSARY)**

<b>EMPLOYER</b>	<b>EMPLOYED:</b>	<b>MO.</b>	<b>YR.</b>	<b>TO:</b>	<b>MO.</b>	<b>YR.</b>
	<b>FROM:</b>					
<b>ADDRESS:</b>	<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>PHONE NUMBER</b>		
<b>POSITION TITLE</b>	<b>STARTING</b>		<b>FINAL</b>			
	<b>SALARY \$</b>			<b>\$</b>		
<b>SUPERVISOR'S NAME AND TITLE</b>	<b>PERSON(S) WE MAY CONTACT FOR REFERENCE</b>					
<b>BRIEFLY DESCRIBE YOUR DUTIES</b>						
<b>REASON FOR LEAVING</b>						
<b>EMPLOYER</b>	<b>EMPLOYED:</b>	<b>MO.</b>	<b>YR.</b>	<b>TO:</b>	<b>MO.</b>	<b>YR.</b>
	<b>FROM:</b>					
<b>ADDRESS:</b>	<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>PHONE NUMBER</b>		
<b>POSITION TITLE</b>	<b>STARTING</b>		<b>FINAL</b>			
	<b>SALARY \$</b>			<b>\$</b>		
<b>SUPERVISOR'S NAME AND TITLE</b>	<b>PERSON(S) WE MAY CONTACT FOR REFERENCE</b>					
<b>BRIEFLY DESCRIBE YOUR DUTIES</b>						
<b>REASON FOR LEAVING</b>						
<b>EMPLOYER</b>	<b>EMPLOYED:</b>	<b>MO.</b>	<b>YR.</b>	<b>TO:</b>	<b>MO.</b>	<b>YR.</b>
	<b>FROM:</b>					
<b>ADDRESS:</b>	<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>PHONE NUMBER</b>		
<b>POSITION TITLE</b>	<b>STARTING</b>		<b>FINAL</b>			
	<b>SALARY \$</b>			<b>\$</b>		
<b>SUPERVISOR'S NAME AND TITLE</b>	<b>PERSON(S) WE MAY CONTACT FOR REFERENCE</b>					
<b>BRIEFLY DESCRIBE YOUR DUTIES</b>						
<b>REASON FOR LEAVING</b>						
<b>EMPLOYER</b>	<b>EMPLOYED:</b>	<b>MO.</b>	<b>YR.</b>	<b>TO:</b>	<b>MO.</b>	<b>YR.</b>
	<b>FROM:</b>					
<b>ADDRESS:</b>	<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>PHONE NUMBER</b>		
<b>POSITION TITLE</b>	<b>STARTING</b>		<b>FINAL</b>			
	<b>SALARY \$</b>			<b>\$</b>		
<b>SUPERVISOR'S NAME AND TITLE</b>	<b>PERSON(S) WE MAY CONTACT FOR REFERENCE</b>					
<b>BRIEFLY DESCRIBE YOUR DUTIES</b>						
<b>REASON FOR LEAVING</b>						

PLEASE READ THE FOLLOWING CAREFULLY **BEFORE** SIGNING THIS APPLICATION.

I authorize investigation of all statements contained in my application if I am considered for employment. I also authorize previous employers named, or any other person or persons to whom Professional Resource Network, Inc. may contact, to give any and all information regarding my employment history together with any other pertinent information.

I understand that misrepresentation or omission of the facts requested, the receipt of unsatisfactory references, or an unsatisfactory result of the prescribed physical examination which reveals that I cannot perform the essential functions of my job with or without reasonable accommodation, will be sufficient reason for dismissal from the company's service. In the absence of a written contract of employment, employment by Professional Resource Network, Inc. is employment at the will of each party. This employment relationship may be terminated at any time and by either party.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_