

Olsen Plumbing & Heating, Inc.
325 S 1st ST • P.O. Box 501 • Montevideo, MN 56265
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Email: olsenplumbing1918@gmail.com

Employment Application

			App	ilicant i	HIOHH	ation				
Full Name:	Name:				Date:					
Last First		t	M.I.							
Address:										
	Street Address							Apartment/	Unit #	
	City						State	ZIP Code		
Phone:					Email					
Available St	art Date:							ed Salary: \$		
Position App	olied for:									
	tizen of the United Stat		YES	NO				Ywork in the U.S.?	ES	NO
Do you have a valid driver's license? YES NO										
Have you ever worked for this company? YES NO				If yes,	when?_					
YES NO Have you ever been convicted of a felony?										
If yes, expla	in:									
				Educ	ation					
High School	:			Address:						
From:	To:	Di	d you gı	raduate?	YES	NO	Diploma::			
College:				Address:						
From:	To:	Di	d you gı	raduate?	YES	NO	Degree:			
Other:				Address:						
From:	To:	Di	d you gı	raduate?	YES	NO	Degree:			

References									
Please list thi	ree professional references.								
Full Name: _		Relationship:							
0		Phone:							
Address:									
Full Name:		Relationship:							
0		Phone:							
Address:									
Full Name:		Relationshin:							
Company:		Relationship:							
Address:		Phone:							
	Provious Employment								
	Previous Employment								
Company: _		Phone:							
Address: _		Supervisor:							
Job Title: _	Starting Salary:	Ending Salary:							
Responsibilitie	es:								
From: _	To: Reason for Leaving:								
May we conta	YES NO ct your previous supervisor for a reference?								
•	<u> </u>								
Company: _		Phone:							
Address: _		Supervisor:							
Job Title: _	Starting Salary:	Ending Salary:							
Responsibilitie	9 8:								
_									
	YES NO								
May we conta	ct your previous supervisor for a reference?								
Company:		Phone:							
Address:		Phone:Supervisor:							
Job Title: _	Starting Salary:\$	Ending Salary:							

Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?	YES	NO					
Military Service							
Branch:		From:	To:				
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:			Date:				