

Cronin Home Inc.

825 West Silver Lake Dr. N.E.

Phone (507) 282-1204

Application for Employment

(Pre-employment Questionnaire) (An Equal Opportunity Employer)

Personal Information: Date _____

Name _____
(Last) (First) (Middle)

Present Address _____
(Street) City State Zip

Permanent Address _____
(Street) City State Zip

Phone _____ Are you 18 or older _____

Are you prevented from lawfully becoming employed
in this country because of visa or immigration status:
Yes _____ No _____

Employment Desired

Position _____ Availability Date _____ Desired Salary _____

Are you currently employed? Yes _____ No _____

Do you have any cooking skills? Yes _____ No _____ if yes where were skills learned from: _____

Have you ever applied to this company before? Yes ___ No ___ When _____

Have you ever worked for this company before? Yes ___ No ___ When _____

Education	Name & Location of the School	No. Yrs	Graduate? Yes or No & Year	Subjects Studied
High School				
College/University				
Trade, Business, or Correspondence School				

If you have not graduated from High School did you receive a GED? Yes _____
No _____ What Year? _____

General

Explain any education or experiences that support you desire to work with the chemically dependent: _____

Have you ever passed Medications _____ Are You a TMA _____

Special Skills _____

Activities: (Civic, Athletic, Etc) _____

Military Service Yes ___ No ___ Currently in National Guard/Reserves Yes _____ No _____.

EMPLOYMENT HISTORY:

Employer & Address _____
Supervisor: _____ Phone: _____
Position Title: _____ from: _____ to: _____
Describe the work you did _____

Salary: _____ Reason for leaving _____

Employer & Address _____
Supervisor: _____ Phone: _____
Position Title: _____ from: _____ to: _____
Describe the work you did _____

Salary: _____ Reason for leaving _____

Employer & Address _____
Supervisor: _____ Phone: _____
Position Title: _____ from: _____ to: _____
Describe the work you did _____

Salary: _____ Reason for leaving _____

May Cronin Home Inc. contact your current and past employers Y ___ N ___ Initial _____

Please List References Below:

Name	Phone Number	Business	Years Acquainted

*May Cronin Home Inc. contact your reference list? Yes ___ No ___ Initial _____

In Case of Emergency Notify _____
Name Location Phone No.

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it’s Director, and then only when in writing and signed by the Director has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Date _____ **Signature** _____