

APPLICATION FOR EMPLOYMENT

1. Position Applying For		2. Date of Application	3. Date Available for Work
4. Last Name	5. First Name	6. Middle Name	7. Date of Birth
8. Street Address		9. City	10. State
			11. Zip Code
12. Home Phone		13. Cell Phone	
		14. Email	

15. Driver's License No. _____ State _____ Class _____

16. Education: Did you graduate from high school or receive a GED?
 Yes No
 School Attended _____
 How many years of education have you had? (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name and Location of College, University, Technical Schools	Qtr. or Sem. Hours	Cert or Degree	Major	Minor

17. Work Experience - List your present or most recent experience first. List complete employment history, but do not provide dates of employment for jobs held more than five years ago.

Company _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number and Type of Positions You Supervised _____ % of Time Spent In Each Area of Responsibility _____ Principal Responsibilities - Be Complete _____ _____ _____ _____ _____	Length of Employment From _____ month _____ year To _____ month _____ year Total _____ years _____ months Hours Per Week _____ Last Salary _____ Reason for Leaving _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____ _____ _____
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20. Personal References (Not former employers or relatives)

Name	Occupation	Phone Number

21. Do you legally have the right to work in the United States?

Yes No

IMPORTANT FACT CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION.

You are advised that the information requested on this form will be used for the purpose of determining job qualifications and salary rates. Our insurance carrier requires a check of all applicants driver's license and driving history. By filling out this application and signing below, you are authorizing us to give this information to our insurance carrier so they can check your driving record. You are not legally required to supply the requested information, but the information is necessary in determining your qualification for the position for which you have applied. An incomplete application may hinder your chance for employment.

I understand that any false information on or omission of information from this application, or failure to present the required proofs, will be cause for rejection or dismissal if employed.

Applicant's Signature

Date

Return your completed application to Don Washburn at:

Mail – Picture Perfect Homes, Inc.
PO Box 103
Waconia, MN 55387

Fax – (952) 353-1596

Email – don@pictureperfectland.com

AN EQUAL OPPORTUNITY EMPLOYER