

American Legion North St Paul Post 39
2678 East 7th Avenue
North St. Paul, MN 55109

EMPLOYMENT APPLICATION
(Print clearly)

NAME (First) _____ (MI) _____ (Last) _____

ADDRESS _____

Contact Phone Number: _____

Position Applying for: _____

Part time /Full Time: _____

Last 5 years of employment starting with the most current:

Employer: _____

Position: _____

Start Date: _____ Term Date: _____

Reason for leaving: _____

Employer: _____

Position: _____

Start Date: _____ Term Date: _____

Reason for leaving: _____

Employer: _____

Position: _____

Start Date: _____ Term Date: _____

Reason for leaving: _____

Employer: _____

Position: _____

Start Date: _____ Term Date: _____

Reason for leaving: _____

Employer: _____

Position: _____

Start Date: _____ Term Date: _____

Reason for leaving: _____

Veteran: Yes _____ No _____

Other information: _____

Signature: _____

Date: _____

References:

Name: _____

Relationship: _____

Phone number: _____

Name: _____

Relationship: _____

Phone number: _____

Emergency Contact Information
(DO NOT COMPLETE UNTIL REQUESTED)

Contact Name: _____

Phone Number: H _____
W _____
C _____