



3835 Supreme Court NW
 Suite 2
 Bemidji, Mn 56601
 Phone: 218-444-8280
 Fax: 218-444-8337
 www.choicetherapy1.com

APPLICANT INFORMATION

Last Name		First	MI	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone ()		E-mail Address		
Date Available		Social Security No.		
Position Applied For			Desired Salary	
Are you a citizen of the United State? Yes____ No____		If no, are you authorized to work in the U.S.? Yes____ No____		
Have you ever worked of this company? Yes____ No____		If so, when?		

EDUCATION

High School		Address		
From	To	Did you graduate? Yes____ No____	Degree	
College		Address		
From	To	Did you graduate? Yes____ No____	Degree	
Other		Address		
From	To	Did you graduate? Yes____ No____	Degree	

REFERENCES Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes_____ No_____			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes_____ No_____			
Company		Phone ()	
Address		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_____