3210 Labore Road Vadnais Heights, MN 55110

P: 651.789.6231 F: 651.770.7512

E: mikaylaw@merrickinc.org

Graduate School Name:



Date: _____

Merrick, Inc., Employment Application Form

Personal Information					
Name: (Last)	(First)	(MI)			
Current Address:(Street)	(City)	(State)	(Zip)		
Cell Phone:	Home Phone:	Email Address:			
Are you legally authorized or permitte	ed to work in the United States?	Yes No			
How did you hear about Merrick and	why are you interested in working	here?			
	Employment Des	<u>ired</u>			
Position: D	ate Available to Start:	Desired Pay Ran	nge:		
Employment Status (circle one): Full	-Time / Part-Time / On Call / S	Summer			
Are you employed now?Ye	es No				
If so, may we request information from	m your current employer?	Yes No			
Have you ever applied or held a positi	ion with Merrick? Yes _	No If yes, when? _			
	Education				
NAME	ADDRESS	COURSE OF STUDY	GRADUATE?/DEGREE		
High School Name:					
College/Tech School Name:					

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Employment History

Employer Name:	Employer Address:	Employer Phone Number:	
Start Date of Employment:	End Date of Employment:	Supervisor's Name:	
Job Title:	Hours Worked Per Week:	Reason for leaving this position:	
Principal Job Duties:			
Employer Name:	Employer Address:	Employer Phone Number:	
Start Date of Employment:	End Date of Employment:	Supervisor's Name:	
Job Title:	Hours Worked Per Week:	Reason for leaving this position:	
Principal Job Duties:			
Employer Name:	Employer Address:	Employer Phone Number:	
Start Date of Employment:	End Date of Employment:	Supervisor's Name:	
Job Title:	Hours Worked Per Week:	Reason for leaving this position:	
Principal Job Duties:			

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What special skills, knowled be beneficial in the position	lge, talents, training, or other job-re you are applying for?	elated experiences, not covered	elsewhere, do you have that would	
Are you currently certified i	n CDD 2 Voc	No. Data Comple	otadı	
Are you currently certified i		No Date Comple	eted:eted:	
	Professional Ro	<u>eferences</u>		
Please list professional refer relatives or friends.	ences only (i.e. former supervisors,	instructors, or professional asso	ociates). Do not include	
NAME	ADDRESS/PHONE	BUSINESS	YEARS KNOWN	
Please read before signing:				
"I certify that the facts cont	ained in this application are true and atts on this application shall be ground		knowledge and understand that, if	
concerning my previous emp	all statements contained herein and ployment and any pertinent informa- nage that may result from furnishin	ation they may have, personal o		
wages and salary, be termina	if hired, my employment is for no ted at any time without prior notice. ion of a pre-employment drug scre	I also understand that any offer	of employment will be contingent	
Signature:		Date:		
Merrick, Inc., is an Equal Op	pportunity/Affirmative Action Emp	loyer and a Drug-Free Workpla	ce.	

Revised September 2022