

**BYHA - Buffalo Youth Hockey Association**

**Buffalo, MN**

**Application for Employment**

Last Name	First Name	Middle Name	
Street Address	City	State	Zip

Home Phone Number	Cell Phone Number
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Email Address: \_\_\_\_\_

What position are you applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES      NO

Have you ever filed an application with us before?

YES      NO If yes, date of application: \_\_\_\_\_

Have you ever been employed with us before? If yes, date of application: \_\_\_\_\_

May we contact your present and previous employers? YES      NO

Are you prevented from lawfully being employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment).

YES      NO

On what date would you be available to work? \_\_\_\_\_

## EDUCATION

	Name of School Attending/At tended	Location	Major	Minor	Diploma or Degree
High School					
College or University					
Vocational/Technical					
Other					

## Employment History

Start with your present or last job. If not applicable, list work performed on a volunteer basis or personal references.

Employer: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Current Wage: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Current Wage: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Current Wage: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

## References

Name	Phone Number	Employer/ Relationship	Address	Position if applicable

Pursuant to M.S.15.165 you are advised that the purpose of the information you have been asked to provide 1). Accurately identifies you as an applicant and 2). Judge your eligibility and qualifications for a position with Annandale Public Schools. Any private or confidential information provided in this application shall be used only for these purposes. In the event you are employed by Annandale Public Schools, your name will appear on the school board agenda, a public document. Typically, interviews are not scheduled until appropriate vacancies are identified or anticipated. Applications are retained for two years. If this is a general application rather than in response to a specific posting, applicants are responsible for contacting the Human Resources Department to reactivate this application. **VETERANS' PREFERENCE:** If you are a veteran and wish to claim veterans' preference, you must present a legible photocopy of your DD214 to the Human Resources Department. The statute requires that a veteran who passes the test has a right to request veterans' preference points. In order to qualify, a veteran must show evidence of honorable discharge from the military service or in the case of a disabled veteran, must show he or she is entitled to disability compensation for a permanent service-connected disability rated at 50 percent or more. If your claim is approved, five or ten additional points will be added to your final passing score.

In accordance with the requirements of the Veterans' Preference Act, Buffalo Youth Hockey Association requests the following information:

1. Are you a veteran? Yes No
2. If yes, please provide your service number: \_\_\_\_\_
3. If yes, please state your discharge status as noted on the Department of Defence Form 214: \_\_\_\_\_

Applicant's Statement I certify that answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application, resume' or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_