

311 Fairlawn Ave W, Winsted, MN 55395/425 California St NW, Hutchinson, MN 55350

Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position Applied For:	Date of Application:									
Site: ATHC-W	e:ATHC-Winsted Hutchinson/ATHC-West Have you applied with us before?									
				Yes/ No						
				•		-				
Last Name: First Name: Address: St							MI:			
Address:			State	ate: Zip Code:						
Telephone Number (s):										
Social Security Number (voluntary):										
Are you 18 years of age or older?							Yes			
Have you ever been employed with ATHC before?							Yes No			
If Yes, give dates:										
Do any of your friends or relatives, other than spouse, work here?							; <u> </u>	No		
If yes, state name, relationship and site location:										
Are you currently employed?							; <u> </u>	No		
May we contact your present employer?							; <u> </u>	No		
Are you prevented from lawfully becoming employed in this country because							; <u> </u>	No		
of Visa or Immigration Status?										
Proof of citizenship or immigration status will be required upon employment.										
Are you currently on "lay-off" status and subject to recall?							; <u> </u>	No		
Date available for work: What is your desired salary range?										
Are you available to work:										
☐ Full Time										
☐ Part Time: Please specify days and hours										
☐ Temporary: Please indicate dates available										
Education										
School Name, City, State of School Course of Study Number						of Years Diploma/Degree				
						leted				
High School										
Undergraduate College										
Graduate/Professional										
Other (Specify)										
-	State any additional information you feel may be helpful to us in considering your application, including any job									
related training in the U.S. Military?										

volunteer activities. Excl	ude organiz	ations wh	hich indicate race, color, religion, geno	der, national origin, disabilities or				
other protected status.								
Employer:								
City, State:								
Telephone:			_ Supervisor:					
Starting/Present Job	Title:							
Work Performed:								
Dates Employed:			/Starting – Final Wage	:				
Reason for Leaving: _								
May we contact:	Yes	No						
Employer:								
City, State:								
Telephone:			_ Supervisor:					
Starting/Present Job	Title:							
Work Performed:								
Dates Employed:	/Starting – Final Wage:							
Reason for Leaving: _								
May we contact:	Yes	No						
Employer:								
City, State:								
Telephone:			_ Supervisor:					
Work Performed:								
Dates Employed:	rformed:/Starting – Final Wage:							
Reason for Leaving: _								
May we contact:	Yes	No						
References – Do not incl								
Name			Phone Number	Occupation				
1								
2								
3								
A								
Applicant's Statement		:1:4	in internal and an added to the control of the	de de Colonia de Constantino de Cons				
			ion is true and complete. I acknowledge t the verification of any information stated					
_			ered active for a period of time not to exc					
	•		is time period should inquire as to wheth					
accepted at that time.								
	_		rwise defined by applicable law, any empl					
"at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.								
with or without cause.								
Signature of Applicant Date								

Employment Experience – Start with your present or last job. Include any job related military service assignments and