

P.O. Box 563, Excelsior, MN 55331 ~ 952.474.8058 ~ Fax 952.470.7320

Employment Application

Personal Information

First Name: _____
Middle Name: _____
Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ County: _____

Phone Number: _____
Email Address: _____

Have you ever applied for employment with us prior?
Yes: _____ No: _____ If yes, when? _____

Position Desired

Title: _____

Work Eligibility

Are you eligible to work in the United States? Yes: _____ No: _____
Are you available to work holidays? Yes: _____ No: _____

When will you be available to begin work? _____/_____(Month/Year)

Are you 18 or older? Yes: _____ No: _____

Do you have other special training or skills (additional spoken or written languages, computer software knowledge, machine operation experience, etc.)?

How did you hear of our company?

Availability

Days Available
Sun. ____ Mon. ____ Tues. ____ Wed. ____ Th. ____ Fri. ____ Sat. ____
Total Hours Available: _____ Hours Available: from _____ to _____

Education

High School: _____ City: _____ State: _____
College: _____ City: _____ State: _____
Course of Study: _____ # of Years Completed: _____
Did You Graduate? Yes: _____ No: _____ Degree: _____

Employment History

Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable.

Position #1

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work: _____

May we contact this employer? Yes: _____ No: _____
If not, why not? _____
Reason for leaving: _____

Position #2

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work: _____

May we contact this employer? Yes: _____ No: _____
If not, why not? _____
Reason for leaving: _____

Position #3

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work: _____

May we contact this employer? Yes: _____ No: _____
If not, why not? _____
Reason for leaving: _____

Conditions of Employment

Paradise Companies sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position with us, you need to carefully consider what we would require of you before you accept. As an employee, you must do everything you can to make our external and internal customers feel like customers, including:

- Following our standards of professionalism
- Smiling and making eye contact
- Arriving on time
- Maintaining a positive, enthusiastic attitude
- Treating coworkers with respect
- Offering excellent appreciation to clients
- Being honest and dedicated in your work
- Using proper phone etiquette
- Completing necessary training requirements
- Expediting customers' transactions/requests quickly and professionally
- Following company policies and procedures
- Assisting customers
- Following directions
- Meeting standards of work quality and quantity
- Maintaining a professional appearance and complying with the company dress code
- Accepting a work schedule that may require occasional holiday, evening and weekends

Are you willing and able to comply with all the requirements listed? Yes: _____ No: _____

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain:

Agreement of the Transfer of Information

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the Company's pre-employment policy.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason, and that Paradise Companies Inc. retains the same rights. No Paradise Companies Inc. representative has the authority to make any contrary agreement.

I understand it is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and/or civil liabilities.

Signature: _____ Date: _____

Printed Name: _____