



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

## EMPLOYMENT / JOB APPLICATION

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DESIRED PAY: \$ \_\_\_\_\_

HAVE YOU APPLIED FOR EMPLOYMENT WITH US BEFORE? ☐ NO ☐ YES (WHEN?) \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME

DESIRED LOCATION: ☐ LAKE MINNETONKA ☐ MISSISSIPPI RIVER ☐ BOTH

### EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO\*

ARE YOU AVAILABLE TO WORK HOLIDAYS? ☐ YES ☐ NO

WHEN ARE YOU ABLE TO BEGIN WORK (MONTH/YEAR)? \_\_\_\_\_ / \_\_\_\_\_

ARE YOU 18 OR OLDER? ☐ YES ☐ NO

DO YOU HAVE ANY SPECIAL TRAINING SKILLS (ADDITIONAL SPOKEN LANGUAGES,  
COMPUTER SOFTWARE KNOWLEDGE, MACHINE OPERATION EXPERIENCE, ETC.)?

\_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

\_\_\_\_\_

### AVAILABILITY

DAYS AVAILABLE:

☐ SUNDAY ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY

TOTAL HOURS AVAILABLE: \_\_\_\_\_ HOURS AVAILABLE: \_\_\_\_\_ TO \_\_\_\_\_

## EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO: YEARS COMPLETED? \_\_\_\_\_ DEGREE: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_  
Company / Individual

LOCATION (CITY/STATE): \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO \*IF NO, WHY NOT? \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual

LOCATION (CITY/STATE): \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO \*IF NO, WHY NOT? \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_  
Company / Individual

LOCATION (CITY/STATE): \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO \*IF NO, WHY NOT? \_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

Paradise Companies sets high standards for its employees. 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 and customer service
- 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 holidays, evenings, 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 why:

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## AGREEMENT OF THE TRANSFER OF INFORMATION

I declare that 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 all the information provided above.

I acknowledge that employment may be conditional upon the 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 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** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_