



ST. PETER COUNSELING CENTER

(Division of Leo A. Hoffmann Center)

108 South Minnesota Avenue, Suite 102 - PO Box 60

St. Peter, MN 56082

Phone: (507) 484-2400 Fax: (507) 934-5220

EMPLOYMENT APPLICATION

Contact Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ (include area code)

FAX: _____ (include area code) Email Address: _____

Position Applying for: _____

When would you be available for employment? _____

Employment History:

Current Employer: _____

Job Description: _____

Date Started: _____

Previous Employer: _____

Job Description: _____

Date Started: _____

Date Ended: _____

Reason for Leaving: _____

Previous Employer: _____
Job Description: _____

Date Started: _____
Date Ended: _____
Reason for Leaving: _____

Previous Employer: _____
Job Description: _____

Date Started: _____
Date Ended: _____
Reason for Leaving: _____

Education:

Highest Grade or Degree: _____ Completion Date: _____
Location: _____
Courses of Study: _____

Skills:

Certificates or Licenses Held:

Other information that will aid us in evaluating your application:

References:

Name: _____
Address: _____
Relationship: _____
Telephone: _____

Name: _____
Address: _____
Relationship: _____
Telephone: _____

Name: _____
Address: _____
Relationship: _____
Telephone: _____

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection or dismissal, if employed.

Signature of Applicant

Date