

# Application For Employment

## AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

**Schlenner Wenner & Co.** does not discriminate in hiring or terms on conditions of employment because of an individual's race, religion, color, sex, age, national origin, marital status, sexual preference, disability or any other characteristic prohibited by law.

[www.swccpas.com](http://www.swccpas.com)

**St. Cloud**

630 Roosevelt Rd, Ste. 201  
P.O. Box 1496  
St. Cloud, MN 56302  
320.251.0286

**Little Falls**

109 E. Broadway  
P.O. Box 365  
Little Falls, MN 56345  
320.632.6311

**Albany**

115 6th St.  
P.O. Box 685  
Albany, MN 56307  
320.845.2940

**Maple Lake**

201 Division St. W.  
P.O. Box 385  
Maple Lake, MN 55358  
320.963.5414

**Monticello**

202 W. 3rd St.  
P.O. Box 755  
Monticello, MN 55362  
763.295.5070

**APPLICANT PLEASE READ CAREFULLY:**

PLEASE ANSWER ALL THE QUESTIONS ON THIS FORM TO THE BEST OF YOUR ABILITY. YOUR QUALIFICATIONS WILL BE CAREFULLY REVIEWED AND YOU WILL BE GIVEN THOROUGH CONSIDERATION FOR ANY SUITABLE VACANCIES IN THE ORGANIZATION. IF YOU ARE EMPLOYED, THIS WILL BECOME PART OF YOUR PERMANENT PERSONNEL RECORD. KEEP THIS IN MIND AS YOU FILL IT OUT. WE APPRECIATE YOUR INTEREST AS SHOWN BY YOU FILLING OUT THIS BLANK APPLICATION. THIS INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.

PLEASE PRINT

IDENTIFICATION

LAST NAME	FIRST	MIDDLE
PRESENT ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE	WORK PHONE	SOCIAL SECURITY NUMBER
		DATE OF APPLICATION

POSITION DESIRED

TYPE OF WORK INTERESTED IN OR POSITION DESIRED	DATE AVAILABLE _____ HOURS AVAILABLE _____	MINIMUM WAGE OR SALARY EXPECTED
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	
HAVE YOU EVER WORKED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____ WHERE? _____	ARE YOU PRESENTLY AN EMPLOYEE HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHAT DEPARTMENT: _____	

IF POSITION INVOLVES DRIVING, PLEASE PROVIDE:

ARE YOU A CERTIFIED PUBLIC ACCOUNTANT?  YES  NO

DRIVERS LICENSE NO. CLASS	STATE OF CERTIFICATION: CERTIFICATION #:
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Have you had any moving violations in the past five (5) years?  YES  NO  
If Yes, please explain \_\_\_\_\_

EDUCATION

ELEMENTARY OR HIGH SCHOOL:	CHECK HIGHEST GRADE COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO SCHOOL: _____ CITY: _____ STATE: _____
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COLLEGE:	NUMBER OF CREDITS EARNED _____ GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO MAJOR _____ DEGREE(S) _____ NAME OF COLLEGE: _____ CITY: _____ STATE: _____
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GRADUATE SCHOOL:	NUMBER OF CREDITS EARNED _____ GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO MAJOR _____ DEGREE(S) _____ NAME OF COLLEGE: _____ CITY: _____ STATE: _____
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OTHER SCHOOLS ATTENDED:	COURSES _____ GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO CERTIFICATE OR DIPLOMA _____ REGISTRATION NO. _____
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## PREVIOUS WORK EXPERIENCE AND PERSONAL REFERENCES

LIST ALL POSITIONS HELD, MOST RECENT FIRST, INCLUDING SUMMER AND MILITARY

WORK EXPERIENCE: BE COMPLETE DO NOT MARK APPLICATION "SEE RESUME", ACCOUNT FOR ALL YOUR TIME. APPLICATIONS MAY BE REJECTED IF INCOMPLETE.

GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST			LENGTH OF EMPLOYMENT			
EMPLOYING FIRM PHONE	YOUR TITLE		FROM MONTH:	YEAR:	TO MONTH:	YEAR:
ADDRESS	SUPERVISOR		YEARS	TOTAL TIME MONTHS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS /WEEK
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY	
SPECIFIC DUTIES			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST			LENGTH OF EMPLOYMENT			
EMPLOYING FIRM PHONE	YOUR TITLE		FROM MONTH:	YEAR:	TO MONTH:	YEAR:
ADDRESS	SUPERVISOR		YEARS	TOTAL TIME MONTHS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS /WEEK
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY	
SPECIFIC DUTIES			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST			LENGTH OF EMPLOYMENT			
EMPLOYING FIRM PHONE	YOUR TITLE		FROM MONTH:	YEAR:	TO MONTH:	YEAR:
ADDRESS	SUPERVISOR		YEARS	TOTAL TIME MONTHS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	HOURS /WEEK
CITY	STATE	ZIP	REASON FOR LEAVING		STARTING SALARY	
SPECIFIC DUTIES			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

DESCRIBE ANY SKILLS, EXPERIENCES & SPECIFIC ACCOMPLISHMENTS WHICH BETTER QUALIFY YOU FOR THIS POSITION:

WHAT HOBBIES DO YOU HAVE?

ARE YOU A MEMBER OF ANY HONORARY SOCIETIES OR PROFESSIONAL ASSOCIATIONS?

REFERENCES: PLEASE LIST REFERENCES OTHER THAN RELATIVES WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS

NAME	ADDRESS	PHONE	RELATIONSHIP

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB(S) APPLIED FOR?

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As an applicant for employment with Schlenner Wenner & Co. I understand the following:

- This application will remain on active file for 90 days. If I am hired within this period, this form will be transferred to my individual personnel file.
- If I am not hired within 90 days, this application is no longer active and I will need to reapply if I wish to be considered for a job with Schlenner Wenner & Co.
- Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent up to and including my dismissal from employment if discovered at a later date.
- My employment is not guaranteed for any term, and my employment may be terminated by the company or myself at any time and for any reason. No management official is authorized to make any oral assurance or promise of continued employment.
- I also understand that nothing contained in this document, or in the granting of an interview, is intended to create an employment contract between Schlenner Wenner & Co. and myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon this Employer unless made in writing.

I hereby give **Schlenner Wenner & Co.** the right to make a thorough investigation of my past employment, compensation, education, professional license, credit, criminal background, civil record, driving record, references and activities. I release from all liability those persons, schools, companies, and organizations supplying such information. I indemnify this Employer against any liability which might result from making such an investigation.

SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

All applications should be returned to:

Schlenner Wenner & Co.  
Attention: Della Ludwig  
630 Roosevelt Rd. Ste. 201  
P.O. Box 1496  
St. Cloud, MN 56302

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