



**EICKHOF®**

## Application For Employment

*(Equal Opportunity Employer)*

### General

NAME .....

ADDRESS .....

TELEPHONE ..... SOCIAL SECURITY # .....

DATE AVAILABLE FOR EMPLOYMENT .....

If employed and under 18, can you furnish a work permit? Yes  No

Have you ever been employed by this company? Yes  No

Are you employed now? Yes  No

May we contact your present employer? Yes  No

If yes, give name: .....

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes  No

Type of work desired: .....

If applying for a position where driving is required, do you have a valid driver's license in this state? Yes  No

License # .....

Can you perform the essential functions of the job(s) for which you are applying? Yes  No

Are you available to work: FULL-TIME  PART-TIME  OVER-TIME

*This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws.*

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### EICKHOF COLUMBARIA

1200 Bruce Street  
Crookston, MN 56716

info@eickhofcolumbaria.com  
www.eickhofcolumbaria.com  
**800.253.0457**



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### Education

College

Graduate

School Name & Address


Completed Status/Degree

Yes  No

Yes  No

Course of Study

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### Special Skills, Qualifications and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

.....

.....

.....

### References

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name

Occupation/Relationship

Years Known

Telephone


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### Employment Experience

Employer ..... Supervisor's Name .....

Address ..... Your Job Position .....

Telephone ..... Employed from ..... (mo/yr) to ..... (mo/yr)

Your Salary : Starting/Ending ..... Duties .....

What did you like most about your job? .....

.....

Reason for Leaving .....

Employer ..... Supervisor's Name .....

Address ..... Your Job Position .....

Telephone ..... Employed from ..... (mo/yr) to ..... (mo/yr)

Your Salary : Starting/Ending ..... Duties .....

What did you like most about your job? .....

.....

Reason for Leaving .....

Employer ..... Supervisor's Name .....

Address ..... Your Job Position .....

Telephone ..... Employed from ..... (mo/yr) to ..... (mo/yr)

Your Salary : Starting/Ending ..... Duties .....

What did you like most about your job? .....

.....

Reason for Leaving .....



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Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize EICKHOF COLUMBARIA INC. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of EICKHOF COLUMBARIA INC. as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of EICKHOF COLUMBARIA INC. or at my option, without notice, at any time and for any reason.*

I also understand that no representative of EICKHOF COLUMBARIA INC. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of EICKHOF COLUMBARIA INC.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

**I have read, understand, and agree with the above.**

.....  
Signature of Applicant

.....  
Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.*

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