



ELLEFSON OFF HIGHWAY, INC.
8906 HIGHWAY 37
IRON, MINNESOTA 55751
PH 218.471.7000 FAX 218.471.7001

EMPLOYMENT APPLICATION

General Information

Date: _____

First Name: _____ Middle: _____ Last: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Employment History

Company Name: _____ Phone: _____

Address: _____

Supervisor Name and Title: _____ May We Contact? Yes No

Position Held: _____ Dates of Employment : _____ to _____

Duties: _____

Reason For Leaving: _____

Company Name: _____ Phone: _____

Address: _____

Supervisor Name and Title: _____ May We Contact? Yes No

Position Held: _____ Dates of Employment : _____ to _____

Duties: _____

Reason For Leaving: _____

Company Name: _____ Phone: _____

Address: _____

Supervisor Name and Title: _____ May We Contact? Yes No

Position Held: _____ Dates of Employment : _____ to _____

Duties: _____

Reason For Leaving: _____

Education

High School: _____ Years Attended: _____ Graduated: ___ Yes ___ No

If you did not graduate, did you receive your GED? ___ Yes ___ No

Technical or Vocational School: _____ Years Attended: _____ Graduated: ___ Yes ___ No

Degree or Certification: _____ Specialty: _____

College or University: _____ Years Attended: _____ Graduated: ___ Yes ___ No

Degree: _____ Major: _____

Other Skills

Please list other specific skills you have to offer for this position: _____

References

Name: _____ Phone: _____

Address: _____ Occupation: _____

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Address: _____ Occupation: _____

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The information provided on this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____