American Legion North St Paul Post 39 2678 East 7th Avenue North St. Paul, MN 55109

EMPLOYMENT APPLICATION

(Print clearly)

NAME (First)	(MI)	(Last)
ADDRESS		
Contact Phone Number:		
Position Applying for:		
Part time /Full Time:		
Last 5 years of employment starting with the me	ost current:	
Employer:		
Position:		
Start Date: Te	erm Date:	
Reason for leaving:		
Employer:		
Position:		
Start Date: Te	erm Date:	
Reason for leaving:		

Employer:	
Position:	
Start Date:	Term Date:
Reason for leaving:	
Employer:	
Position:	
Start Date:	Term Date:
Reason for leaving:	
	
Employer:	
Position:	
Start Date:	Term Date:
Reason for leaving:	
W. W. W.	
Veteran: YesNo	
Other information:	
Signature:	
Date:	
References:	
Name:	
Relationship:	

Phone number:	
Name:	
Relationship:	
Phone number:	
	Emergency Contact Information (DO NOT COMPLETE UNTIL REQUESTED)
Contact Name: _	
Phone Number:	H W