

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Date of Birth (optional) _____ Social Security No. ____ - ____ - _____

Telephone () _____ Email Address _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work if applicable
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Are you legally eligible for employment in the U.S.? (If hired you must show proof of eligibility). No Yes

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FOR POSITIONS REQUIRING THE USE OF A COMPANY VEHICLE:

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	
		From To	
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Summit Management, LLC creates an actual or implied contract of employment. I understand that, if I accept employment with Summit Management, LLC, it will be on an at-will basis. This means that either Summit Management, LLC or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Summit Management, LLC. I release Summit Management, LLC, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Summit Management, LLC to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Summit Management, LLC and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

Summit Management, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Summit Management, LLC depends solely on your qualifications.

KARI KOSKINEN MANAGER BACKGROUND CHECK ACT RELEASE OF INFORMATION CONSENT FORM

Property Owner: Summit Real Estate (Employment Acct) RHR Account#: 7288S
6770 Stillwater Blvd N #110
Stillwater, MN 55082
Ph (651) 705-3306

Screening Company: Trusted Employees
7900 West 78th Street,
Suite 400
Edina, MN 55439
Ph (952) 545-3953

CHECK HERE IF APPLICANT HAS NOT BEEN A MINNESOTA RESIDENT FOR THE PAST 10 YEARS. A FBI OR SIMILAR BACKGROUND SEARCH IS MANDATORY. IF APPLICABLE CHECK ONE FURTHER OPTION BELOW:

Check here if requesting a FBI federal background check and attach **completed fingerprint card**. (Please note that the federal check customarily takes between 4 to 6 weeks).

APPLICANT READ AND COMPLETE:

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.67 to 299C.71. By signing this form you are allowing the above named company / individual to access any criminal data maintained in these files which applies under the statute and authorize this background check to be performed. The expiration of this authorization shall be one year from the date of my signature.

Signed: _____ Date: _____

Complete Information (Please Print):

(Last Name) (First Name) (Middle Name)

(Current Address) (City) (State) (Zip Code) From: _____

(Previous Address) (City) (State) (Zip Code) From: _____ To: _____

(Previous Address) (City) (State) (Zip Code) From: _____ To: _____

Maiden Name: _____ Previous Name / Alias: _____

Date of Birth: _____ Sex (M or F): _____ Social Security Number: _____

Driver's License Number: _____ State: _____

I UNDERSTAND THAT I HAVE THE FOLLOWING RIGHTS:

- 1)The right to be informed that the company/owner will request a background check to determine whether I have been convicted of a crime specified in section 299C.67, subdivision 2.
- 2)The right to be informed by the company/owner of the superintendent's response to the background check and to obtain from the company/owner a copy of the background check report.
- 3)The right to obtain from the superintendent any records that form basis for the report.
- 4)The right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4.
- 5)The right to be informed by the company/owner if my application to be employed or to continue as an employee has been denied because of the results of the background check. The right to be informed that the company/owner will request a background check to determine whether I have been convicted of a crime specified in section 299C.67, subdivision 2.