



900 Bemidji Ave North | Bemidji, MN 56601  
Office 218.444.5302 | Fax 218.444.5306 | www.flcbemidji.org

Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**WORK EXPERIENCE:** *(list most recent job first)*

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Job Description \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Job Description \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Job Description \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**EDUCATION:** *(Include all school experience, i.e. from elementary to any post-secondary education)*

School	City / State	Grade/degree completed	What Studied

Why do you feel you are qualified for this position?

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**REFERENCE:**

Name	City / State	Phone #	Business	Known how long?