2280 6th Ave, Windom, Minnesota 56101
1000 Prospect Lane, Jackson, MN 56143
Phone: 507-831-1526 Email: info@lacannefuneralhome.com

EMPLOYMENT APPLICATION

LaCanne Family Celebration of Life Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, please contact a company representative.

Date of Application: _____

APPLICANT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Other Phone: _____

Email Address: _____

POSITION:

What position are you applying for? _____

How did you hear about this position? _____

When are you available to work? _____

When are you available to begin working? _____

PERSONAL INFORMATION:

Do you have any friends, relatives or acquaintances working for LaCanne Family Celebration of Life Center? ☐ Yes ☐ No

If yes, please list names and relationship to you: _____

Do you have a valid driver's license? ☐ YES ☐ NO

Do you have reliable transportation to and from work? ☐ YES ☐ NO

Are you 18 years of age or older? ☐ YES ☐ NO

Are you a U.S. Citizen or approved to work in the U.S.? ☐ YES ☐ NO

Do you require job accommodations to perform the job? ☐ YES ☐ NO

If yes, please describe accomodations needed: _____

Have you ever been convicted of a felony criminal offense? ☐ YES ☐ NO

If yes, please describe the nature of the crime(s), when and where convicted, and disposition of the case: _____

(Note: applicants will not be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the decription of the event, and the surrounding circumstances and the relevance of the offense to the position applying for, may, however, be considered.)

JOB SKILLS & QUALIFICATIONS:

Please list below the skills and qualifications you possess for the position in which you are applying: _____

_____

_____

EDUCATION & TRAINING:

	School Name	City & State	Graduated?	Year Graduated	Degree Earned:
High School					
Post Secondary					

Additional Education or training that pertains to the position: _____

_____

MILITARY SERVICE:

Have you ever served in the Armed Forces? ☐ YES ☐ NO

PREVIOUS EMPLOYMENT: (list 3 most recent positions)

Employer: _____

Dates Employed: _____

Supervisor: _____

Employer Address: _____ City: _____ State: _____

Employer Telephone: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: _____

Supervisor: _____

Employer Address: _____ City: _____ State: _____

Employer Telephone: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: _____

Supervisor: _____

Employer Address: _____ City: _____ State: _____

Employer Telephone: _____

Reason for Leaving: _____

REFERENCES:

Please provide 3 professional or personal references:

Name: _____

Relationship: _____

Contact Info (phone &email): _____

Name: _____

Relationship: _____

Contact Info (phone &email): _____

Name: _____

Relationship: _____

Contact Info (phone &email): _____

At-will Employment: *The relationship between you and the LaCanne Family Celebration of Life Center is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the LaCanne Family Celebration of Life Center. No representative of LaCanne Family Celebration of Life Center has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.*

☐ **I attest that all the information on this application is accurate and has been completed to the best of my ability and knowledge.**

Applicant Signature: _____ Date: _____