

Talon Investigation Ltd.

MAIL APPLICATION TO :

Talon Investigation Ltd.
 Post Office Box 600058
 Saint Paul, MN 55106
 651.774.6977 Fax 651.771.1576

(OFFICE USE ONLY)

APPR. _____ DISAPPR. _____ BY _____

Reason _____

Pending Code _____

SOCIAL SECURITY NUMBER:		PRINT OR TYPE ALL INFORMATION
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This application is part of the examination process. Please read each question carefully and answer completely.

Applying For:

Job Title:		Today's Date	
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(A separate application is required for each job title unless otherwise indicated.)

Name and Contact Information:

Name:				
	Last	First	MI	
Address:				
	Street	City	County	State
Home Phone:		Work Phone:		E-mail:

Education and Training:

Do you have a high school diploma or GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, what is the highest grade that you completed?
School:	Address (City, State):		
Dates attended:		-	
	From	To	Major course of study:

COLLEGE AND GRADUATE SCHOOL EDUCATION

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

Please submit a copy of any relevant professional or trade licenses or certificates with this application. For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of issuance and expiration date.

WORK EXPERIENCE:

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

Job Number 1:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours did you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours did you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 4:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours did you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 5:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours did you work per week?	
Job Duties:		
Reason For Leaving:		

FORMER EMPLOYERS MAY BE CONTACTED. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR CONSENT.

Are you fluent in a language other than English? Yes No
 If yes, please list:

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes No
 If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to this application.)

DATE: _____ SIGNATURE OF APPLICANT: _____

This area intentionally left blank

For each day of week below enter your work availability.	How did you find out about this recruitment? Please check the appropriate space(s).	
Monday	<input type="checkbox"/>	Talon Employee
Tuesday	<input type="checkbox"/>	Friend (List)
Wednesday	<input type="checkbox"/>	Newspaper Ad (Paper Name)
Thursday	<input type="checkbox"/>	State Personnel Office (Office Location)
Friday	<input type="checkbox"/>	Walk-in (Office Location)
Saturday	<input type="checkbox"/>	Job Fair (Location)
Sunday	<input type="checkbox"/>	Media (List)
Holiday	<input type="checkbox"/>	Other (List)

AVAILABLE FOR EMPLOYMENT WHICH IS: Full-time Part-time Temporary Contractual

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986.

YOU MUST MEET ALL OF THE MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR EMPLOYMENT. VERIFICATION WILL BE COMPLETED BY TALON INVESTIGATION LTD.. YOU MAY BE TESTED FOR ILLEGAL DRUG USE. IF SELECTED FOR A POSITION IN THE SKILLED OR PROFESSIONAL SERVICE, YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB-RELATED FUNCTIONS.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, my name removed from the eligible list, and that I will not be certified for employment in any position at Talon Investigation Ltd.. I am aware that a false statement is punishable under law by fine or imprisonment or both.

DATE: _____ **SIGNATURE OF APPLICANT:** _____

Use the space below for additional information regarding this application.

