AEG Management TWN, LLC dba Target Center Minneapolis, MN



EMPLOYMENT APPLICATION

Target Center is an equal opportunity employer. We encourage all qualified individuals to apply for employment. If you require accommodations to complete the application, testing or interview process, please contact the Human Resources Department.

(PLEASE PRINT)		DATE				
Name:						
Last		First		Middle		
Business/Mobile Telephone: ()_		Home Telephone:()				
Present Address:						
Number	Street	City	State	Zip		
Permanent Address if different from	n present address:					
Number	Street	City	State	Zip		
Email Address:						
EMPLOYMENT DESIRED						
Referral Source:						
Position applying for:						
Are you applying for: (Please circle	·			Voc	No	
Regular full-time work? Regular part-time work?					No No	
Temporary work, e.g. Sum					No	
What days and hours are you avai	lable for work?					
If applying for temporary work, duri		-				
Are you available for work on night:				Yes	No	
Would you be available to work overtime, if necessary?					No	
If hired, on what date can you star Salary desired:						
PERSONAL INFORMATION						
Have you ever applied to work for If yes, when?				Yes	No	
Do you have any friends or relative				Yes	No	
If hired, would you have a reliable r	means of transportation	on to and from work?		Yes	No	
Are you at least 18 years of old? (Note: If under 18, hire is subject to ver	ification that you are of I	egal minimum legal age.)		Yes	No	
Do you have the legal right to work (Note: Proof of identity and legal author				Yes	No	

	nt employer?			Yes No Yes No
School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
Junior High				
High School				
College / University				
Vocational / Business				
Other				
EMPLOYMENT HISTORY	lease explain			
·	employment starting with your most receion even if attaching a resume. If addition			
lame of Employer:				
ype of Business:				
elephone: ()	Your Supervisor's Name	e:		
our Position and Duties:				
Dates of Employment: From:	To:			
Starting Pay:	Ending Pa	y:		
May we contact this employer?				Yes No
Reason for Leaving:				

Name of Emp	oloyer:			
		Your Supervisor's Name:		
Your Position a	and Duties:			
		To:		
		Ending Pay:		
May we contac	t this employer?		Yes	No
Reason for Le	eaving:			
Name of Emp	olover:			
		Your Supervisor's Name:		
		To:		
-				
Name of Emp	oloyer:			
		Your Supervisor's Name:		
Your Position a	and Duties:			
Dates of Emplo	oyment: From:	To:		
Starting Pay:		Ending Pay:		
May we contac	t this employer?		Yes	No
Reason for Le	aving:			
Have you ever	been terminated o	r asked to resign your job? If yes, please explain:		
Please identify	and explain all per	iods of unemployment over the past ten (10) years:		
From:	To:	Reason:		
From:	To:	Reason:		

MILITARY SERVICE No If so, please describe: **REFERENCES** Please list below three persons not related to you, who have knowledge of work performance within the last three (3) years: Name:______Occupation:_____ Address: Telephone: (___)_____ Number of Years Acquainted:_____ Name:______ Occupation:_____ Address: Telephone: () Number of Years Acquainted: Name:_____Occupation:____ Address: Telephone: (___)_____ Number of Years Acquainted:_____ **ACKOWLEDGEMENT** Please read carefully, initial each paragraph, and sign below. I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I futher certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize the Company to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, futher, authorize the references I have listed to disclose to the Company all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such

investigation or disclosures. The Company adheres to a policy of AT-WILL employment which means that each employee and the Company each retain the right to terminate the employment relationship and that the Company retains the right to modify an employee's position or compensation at any time, with or without cause or notice. No one other than the President has the authority to make any binding promise or enter into any agreement inconsistent with Company's at-will policy and any such agreement must be in writing and signed by both the employee and the President of the Company to be effective. As a condition of employment, all individuals offered employment are required to submit to a pre-employment drug test. Date:_____ Applicant's Signature:____ Rev. 08/07