

# Kids X-Cel Center

## EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or in the presence of a non-related medication condition or handicap.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Are you a citizen of the United States of America? Yes No Have you applied here before? Yes No  
When? \_\_\_\_\_ Position applied for? \_\_\_\_\_ Available to start: \_\_\_\_\_  
Full Time Part Time Temporary Other: \_\_\_\_\_ Referred by: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE:** Start with your present job or most current job. Include military assignments or other volunteer activities. Exclude organizational names which indicate race, color, religion, sex or national origin.

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Employer 1:  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary or Hourly Rate: \_\_\_\_\_

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Employer 2:  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary or Hourly Rate: \_\_\_\_\_

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Employer 3:  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary or Hourly Rate: \_\_\_\_\_

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\* Return completed application to [director@kidsxcel.org](mailto:director@kidsxcel.org) or drop off at 1506 7th N St, New Ulm, MN 56073  
If available, please attach a current resume. Thank you for considering Kids X-cel Center!