

# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

POSITION APPLIED FOR: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MI

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

## AVAILABILITY

What date can you start? \_\_\_\_\_ What category would you prefer? ☐ Full time ☐ Part time ☐ Temporary ☐ Labor pool

For which schedules are you available?\* ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime ☐ Shift ☐ Other \_\_\_\_\_

\*reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

## JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- ☐ Yes ☐ No If the job requires, do you have the appropriate valid driver's license?  
Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_
- ☐ Yes ☐ No Have you had any moving violations within the last seven years? Please describe. \_\_\_\_\_  
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_
- ☐ Yes ☐ No Have you been given a job description or had the essential functions of the job explained to you? \_\_\_\_\_
- ☐ Yes ☐ No Do you understand these essential functions? \_\_\_\_\_
- ☐ Yes ☐ No Can you perform the essential functions of this job with or without reasonable accommodation? \_\_\_\_\_

## SECURITY

List states and counties of residence for the past seven years: \_\_\_\_\_

- ☐ Yes ☐ No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.
- ☐ Yes ☐ No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

| INCIDENT | CITY/STATE | CHARGE |
|----------|------------|--------|
| 1.       |            |        |
| 2.       |            |        |

## COMMENTS

(ASK FOR AN ADDITIONAL PAGE IF NECESSARY)

## PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

|  |          |   |                          |
|--|----------|---|--------------------------|
| <b>MOST RECENT EMPLOYER</b>                |          | <input type="checkbox"/> Yes <input type="checkbox"/> No   Are you currently working for this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, may we contact? | PHONE (   )<br>FAX (   ) |
| COMPANY NAME _____                         |          | CITY _____  | STATE _____              |
| FROM _____                                 | TO _____ | JOB TITLE _____   | SUPERVISOR NAME _____    |
| DUTIES _____                               |          |   |                          |
| SALARY _____ PER _____ (HOUR, WEEK, MONTH) |          | REASON FOR LEAVING _____  |                          |

  

|  |          |                          |
|--|----------|--------------------------|
| <b>SECOND MOST RECENT EMPLOYER</b>         |          | PHONE (   )<br>FAX (   ) |
| COMPANY NAME _____                         |          | STATE _____              |
| FROM _____                                 | TO _____ | JOB TITLE _____          |
| DUTIES _____                               |          | SUPERVISOR NAME _____    |
| SALARY _____ PER _____ (HOUR, WEEK, MONTH) |          | REASON FOR LEAVING _____ |

  

|  |          |                          |
|--|----------|--------------------------|
| <b>THIRD MOST RECENT EMPLOYER</b>          |          | PHONE (   )<br>FAX (   ) |
| COMPANY NAME _____                         |          | STATE _____              |
| FROM _____                                 | TO _____ | JOB TITLE _____          |
| DUTIES _____                               |          | SUPERVISOR NAME _____    |
| SALARY _____ PER _____ (HOUR, WEEK, MONTH) |          | REASON FOR LEAVING _____ |

## REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

| NAME | ADDRESS/PHONE | YEARS KNOWN/RELATIONSHIP |
|------|---------------|--------------------------|
| 1.   |               |                          |
| 2.   |               |                          |

## EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed.   7   8   9   10   11   12   13   14   15   16   16+

If your school records are under a different name than listed on page 1, please enter that name \_\_\_\_\_

| NAME        | CITY/STATE | GRADUATED  | DEGREE TYPE |
|-------------|------------|--|-------------|
| HIGH SCHOOL |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| COLLEGE     |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| OTHER       |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |

## CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

|                 |            |
|-----------------|------------|
| SIGNATURE _____ | DATE _____ |
|-----------------|------------|



# RELEASE AUTHORIZATION

## APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box ☐: The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800-367-5933.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by \_\_\_\_\_ or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: ☐ Male ☐ Female

Race: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

**THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES. SEPARATELY FROM PERSONNEL RECORDS!**