

# APPLICATION FOR EMPLOYMENT



4125 Napier Court NE, St. Michael, MN 55376  
Phone 763-424-1500 Fax 763-424-1501

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Initial
Mailing Address		City	State Zip
Email Address	Are you 18 years of age or over?		Residence Phone
County of Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Date of Birth	Social Security Number

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No  
If Yes, give date \_\_\_\_\_

Have you ever employed with us before? Yes No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than your spouse work here? Yes No  
If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes No  
(Proof of citizenship or immigration status will be required upon employment.)

Date available to work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your salary range? \_\_\_\_\_

Are you available to work: Full-Time Part Time Temporary  
(Please indicated: Mornings Afternoon Evenings)  
(Please indicate dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you possess a valid driver's license? Yes No

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge? If "YES", give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, date of offense, place and disposition of case. Yes No

Have you ever been fired from a job or resigned to avoid dismissal? If "YES" answer, please explain. Yes No

### Education

Name and Location of High School, College, University, Technical Schools	Did you Graduate?	Certificate or Degree	Course of Study
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Employment

(List employment history, but do not provide dates of employment for jobs held more than five years ago.)

Employing Firm	From	Month	Year	To	Month	Year
Address		Reason for Leaving				
Phone Number	Supervisor					
Your Title	Supervisor's Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain.			
Principal Responsibilities						

Employing Firm	From	Month	Year	To	Month	Year
Address		Reason for Leaving				
Phone Number	Supervisor					
Your Title	Supervisor's Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain.			
Principal Responsibilities						

Employing Firm	From	Month	Year	To	Month	Year
Address		Reason for Leaving				
Phone Number	Supervisor					
Your Title	Supervisor's Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain.			
Principal Responsibilities						

Are you willing to work overtime?	What shift would you prefer? (If applicable)	Are you willing to work other shifts?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Yes <input type="checkbox"/> No	1st                      2nd                      3rd	If Yes, what shifts?	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>

**Describe any additional specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States Military**

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**List professional, trade, business or civic activities and offices held.**  
*(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

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**Specialized Skills (check Skills/Equipment Operated)**

Please check the areas below where you have experience or training if they apply to the position for which you are apply:

**Office Equipment/Skills**

(To be completed only by applicants for office positions)

Do you have experience in working with any of the following:

- Spreadsheet Software (List Type) \_\_\_\_\_  
 Data Base Software (List Type) \_\_\_\_\_  
 Word Processing (List Type) \_\_\_\_\_  
 Accounting Software (List Type) \_\_\_\_\_  
 Switchboard/Telephone System \_\_\_\_\_  
 Operating a FAX Machine \_\_\_\_\_  
 Other \_\_\_\_\_

**Construction Experience**

Do you have experience in working with:

- |  |  |
|--|--|
| <input type="checkbox"/> Heavy Equipment   | <input type="checkbox"/> Hazard Mat. Certification |
| <input type="checkbox"/> Demolition        | <input type="checkbox"/> OSHA 10                   |
| <input type="checkbox"/> Labor             | <input type="checkbox"/> Computer Experience       |
| <input type="checkbox"/> Truck Driving     | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Vehicle Servicing | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Pipe Laying       | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> CDL               | <input type="checkbox"/> Other _____               |

State any additional information you feel may be helpful to us in considering your application.

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given  YES  NO

**References**

Name	Present Address	Phone	Position and relation to your work

**Military**

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty?  Yes  No

**Applicant's Statement**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date

Signature (Do not print)

