Application for Employment

It is this employer's policy to make reasonable accommodations for persons with disabilities in the hiring process. If your disability prevents you from reading or filling out this application form, please let us know, and we will provide assistance.

Title of Specific Position for Which You Are Applying		Date of Application		l	Date Available for Work		
Last Name	First Name		Midd	Middle Initial			
Mailing Address City			Stat	State		Zip	
Email Address Are you 18 year	ou 18 years of age or over?		Res	Residence Phone			
County of Residence Yes No If No, Date of		Birth	Business Phone				
	Educ	ation	•				
Did you graduate from high school or recei	ve a GED?						
☐ No ☐ Yes School Attended	I					ars (7-20)	
Name and Location of College, University, Technical Schools		Did you Graduate?			tificate or Degree	Course of Study	
		☐ Yes ☐] No				
		☐ Yes ☐] No				
		☐ Yes ☐] No				
		☐ Yes ☐]No				
(List ampleyment history, but do	Emplo	yment	nt for job	a bold n	aara than fiy	o vooro ogo	\
(List employment history, but do Employing Firm	not provide dates of	еттрюутте	Month	Year	lore than hy	Month	Year
		From			То		
Address		Reason fo	r Leavin	g			
Phone Number Supervisor							
Your Title Supervisor's T	Supervisor's Title		May we contact this employer?				
			Yes □No If No, explain.				
Principal Responsibilities							
Employing Firm			Month	Year		Month	Year
		From			То	Wiorian	i oui
Address		Reason fo	r Leavin	g			
Phone Number Supervisor							
Your Title Supervisor's T	itle	May we contact this employer?					
		☐Yes ☐] No	If No, (explain.		
Principal Responsibilities			_	,			
Employing Firm		From	Month	Year	То	Month	Year
Address		Reason fo	r Leavin	g g	l	1	1

Phone Number	Supervisor					
Your Title	Supervisor's Title	May we contact this employer?				
		Yes No If No, explain.				
Principal Responsibilities						
Are you willing to work overtime?	What shift would you prefer? (If a	_	Are you willi		other shifts?	
☐ Yes ☐ No	☐ 1st ☐ 2nd ☐	3rd	If Yes, what 2nd 🔲 3	shifts? 3rd	☐ 1 st ☐	
	Job Relevant Volunteer and	d Unpaid Wor	k Experienc	<u>e</u>		
Kind of Volunteer Activit	Major		rs/Week Length of Servi		rvice	
_						
Describe any additional exp	erience or training that qualifies you					
References (Give us the names of three people outside of relatives who can be contacted regarding your qualifications, work habits and character.)						
Name	Present Address	Phone		Position and relation to your work		
	Milit	tarv				
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						
Have you served a sentence imposed? You may answer you have been pardoned put Information concerning this	Felony Co e in jail or prison or been convicted "No" is the conviction or criminal re	of a felony for ecords have be Yes If "Yes," atically bar you	een annulled, ' attach a sep	sealed, set arate sheet	aside or purged with explanation	١.
In connection with this application for employment, I authorize the employer and any agent acting on it's behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the employer and any agent acting on it's behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.						
☐ Yes ☐ Yes, but not present employer until job is offered. ☐ No (We may be unable to hire you without this information.)						
I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above.						
Date	Signature (Do	not print)				

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the hiring process. Certain information requested on the application is not public. It will be released only to you or to persons within the organization who need to know it in order to perform their job duties. If you are employed, the data will be available to the Internal Revenue Service and the Social Security Administration for payroll and tax purposes.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it?
Date of Birth (If under 18)	To comply with child labor laws.	Yes	Failure to provide information may be cause for rejecting an application.
	To be able to send you notices.	Yes	
Mailing Address			Failure to provide information may be cause for rejecting an
Residence Telephone	To be able to contact you to determine availability for interview.	No	application.
·	To be able to make Equal	No	We might not be able to contact you for an interview.
Sex, Racial/Ethnic	Opportunity reports as required by		
Group, Disability status (This information is requested on a	law.	Yes	We will not be able to determine whether our selection process results in unfair discrimination, or
separate form.)	To determine whether we may legally accept an application from		to take affirmative action in our hiring.
Felony Conviction	you and to determine whether your record may be a job-related		We will not be able to make
	consideration.		determinations required by law.

In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

Minn. Stat. Sec. 518.611, Subd. 8, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. Failure to provide said documentation will result in dismissal.

If you are hired for this position you may be required to undergo a physical examination and/or drug screening and/or background check at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations need to be made for you.

This employer has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.

This employer is an EQUAL OPPORTUNITY EMPLOYER/CONTRACTOR and encourages applications from women, minorities and disabled persons. This employer does not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. This employer does not discriminate on the basis of disability status in the admission or access to, or treatment of employment in its programs or activities. It is the policy of this employer to provide reasonable accommodations to the known physical and mental limitations of qualified disability applicants and employees in order for them to perform the essential functions of the job in question.

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