



Employment Application

Application Information

Full Name _____ Date _____
Last First Middle

Current Address _____

Phone _____ Email _____

Position you are applying for **Driver/Installer** _____ **Warehouse** _____ **SALES** _____

Are you legally eligible to work in the United States? **YES** _____ **NO** _____

Education

High School _____ Address _____

Did you Graduate? **YES** ___ **NO** ___ Diploma _____

College _____ Address _____

Did you Graduate? **YES** ___ **NO** ___ Diploma _____

Job-Related Skills

Do you understand the job requirements? **YES** _____ **NO** _____

If the job requires you to drive, do you have a valid driver's license? Class _____

YES _____ **NO** _____

DL# _____ Type _____ : State of Issue _____

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. 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. This application applies only to the position specified. It is considered inactive after ___ days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

Employment History

Your application may not be considered unless every question is answered. Please have the correct phone numbers for all past employers.

Most Recent Employer

Company Name _____ City _____ State _____

Dates Employed _____
From [month/yr] To [month/yr]

Supervisor's Name _____ Phone number _____

Job Title _____ Pay \$ _____ Hourly _____ Annually _____

Duties _____

Reason for Leaving _____

Second Most Recent Employer

Company Name _____ City _____ State _____

Dates Employed _____
From [month/yr] To [month/yr]

Supervisor's Name _____ Phone number _____

Job Title _____ Pay \$ _____ Hourly _____ Annually _____

Duties _____

Reason for Leaving _____

Third Most Recent Employer

Company Name _____ City _____ State _____

Dates Employed _____
From [month/yr] To [month/yr]

Supervisor's Name _____ Phone number _____

Job Title _____ Pay \$ _____ Hourly _____ Annually _____

Duties _____

Reason for Leaving _____

References

<u>Name</u>	<u>Address/Phone</u>	<u>Years known/Relationship</u>
1		
2		
3		

Certification I certify the answers given by me to the foregoing questions and any 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 regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if the company has adopted a written testing policy, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. In the event you are offered employment, the offer may be conditional upon you passing a drug test. I understand that if I am hired, my employment shall be "at-will," and that either the Company or I can choose to terminate the employee relationship at any time, for any reason, or no reason at all, with or without notice.

Authorization If employed, I understand that background or drug testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, current and/or former employers, and law enforcements authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, current and/or former employees, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant's Full Name [please print] _____

Signed _____

Dated _____



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