

# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
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 EEO Self Identification Form. This information is being gathered for federal recordkeeping and/or affirmative action purposes only. 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. FAX THIS FORM TO: (952) 435-2633

The Company is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, gender, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state, or local law.

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

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

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

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

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

CITY STATE ZIP

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

CITY STATE ZIP

Are you at least 18 years of age:  Yes  No

Are you legally eligible to work in the United States?  Yes  No

Proof of employment eligibility will be required if hired.

## 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 religious beliefs.

## ESSENTIAL JOB FUNCTIONS

- 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 After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?

## PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes  No Do you hold any professional licenses or certifications?

Name of license/certifications: \_\_\_\_\_

License/certification number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Yes  No Has your license/certification ever been revoked or suspended?

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement:

\_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES

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

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

## EDUCATION

Please check 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 above, 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	

**PREVIOUS EMPLOYERS**

PLEASE NOTE: Your application may 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.

In Massachusetts an applicant may include any verified work performed on a volunteer basis.

**MOST RECENT EMPLOYER**       Yes     No    Are you currently working for this employer?  
 Yes     No    If yes, may we contact?

PHONE
FAX

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
(HOUR, WEEK, MONTH)

**SECOND MOST RECENT EMPLOYER**

PHONE
FAX

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
(HOUR, WEEK, MONTH)

**THIRD MOST RECENT EMPLOYER**

PHONE
FAX

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
(HOUR, WEEK, MONTH)

**FOURTH MOST RECENT EMPLOYER**

PHONE
FAX

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
(HOUR, WEEK, MONTH)

## DRIVER'S LICENSE INFORMATION

- 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. \_\_\_\_\_

## CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of or pleaded guilty to a crime? **Do not include convictions that were sealed, erased, annulled or expunged pursuant to a court order.**

**NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts, Nevada, New York, or Washington.**

- Yes  No Please explain any "Yes" answer. Use additional paper if necessary.
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Are you currently awaiting trial for any criminal offense?

- Yes  No Please explain any "Yes" answer. Use additional paper if necessary.
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## INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

**California Applicants:** Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Do not disclose your referral to or participation in any pretrial or post trial diversion program. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

**Connecticut Applicants:** Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b – 146, 54 – 76o or 54 – 142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

**District of Columbia Applicants:** Do not identify convictions that are more than ten (10) years old.

**Georgia Applicants:** Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

**Hawaii Applicants:** Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past ten (10) years.

**Massachusetts Applicants:** An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

**Nevada Applicants:** Only disclose misdemeanors that result in imprisonment and all felonies.

**New York Applicants:** Do not disclose information regarding any criminal proceeding that terminated in a "youthful offender adjudication," as defined in section 720.35 of the New York Criminal Procedure Law.

**Washington Applicants:** Do not identify any conviction that is more than ten (10) years old at the time of making this application.

## CERTIFICATION AND RELEASE

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejections of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

SIGNATURE	DATE
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This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to be considered for future employment, you must complete a new application.

## STATE SPECIFIC NOTIFICATIONS

"Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100."

**Maryland Applicants:** please sign and acknowledge receipt of the above notice.

SIGNATURE	DATE
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**Massachusetts Applicants:** "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

**Rhode Island Applicants:** "The company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law."