



1911 Fourteenth Street NW  
Rochester MN 55903

PO Box 6938  
(507) 281-6262

Affirmative Action Employer  
Certified by the Minnesota  
Department of Human Rights

### APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State ZIP

Permanent Address \_\_\_\_\_  
Street City State ZIP

Are you over the age of 18? \_\_\_\_\_ Telephone number where you can be reached \_\_\_\_\_

Did we ever employ you? \_\_\_\_\_ Type of work desired \_\_\_\_\_

Would you be available:  Full Time  Part Time  Temporary  Volunteer

### EMPLOYMENT RECORD

	Name and Address and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name Of Supervisor
		Mo	Yr	Mo	Yr					
I										
II										
III										
IV										

May we contact above employers? \_\_\_\_\_ If not, which ones may we contact? \_\_\_\_\_

Are there any experiences, skills, or qualifications, which you feel would especially fit you for work in our organization?

\_\_\_\_\_

## EDUCATION

	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?		List Diploma Or Degree
			1	2	3	4	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High School							Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College							Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**References:**

Name	Address (include ZIP code)	Relationship	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the company will make a thorough investigation of my entire work history and personal references and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I understand that falsification of data also given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I understand that during my work trial period, I agree to complete a medical questionnaire that will be reviewed by a designated medical professional. At the discretion of that professional, I agree to undergo a medical examination. ABC has written a drug and alcohol-testing policy which provides, in part, that job offers may be contingent upon an applicant passing the test during the evaluation period. A copy of the entire policy is available for inspection during regular business hours.
4. I agree that my employment may be terminated by the company at any time without liability for wages or salary except such as may be earned at the date of such termination. I understand and agree that I may be required to take a physical examination, at company expense, at any time to determine if I am physically and mentally fit for the job I am to perform. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the company.
5. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment with the company.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.

I have read and understand the above

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

How did you find out about employment opportunities at ABC? \_\_\_\_\_



An Equal Opportunity, Affirmative Action Employer

## Applicant Survey Form

<b>Last name</b>	<b>First name</b>	<b>Middle initial(s)</b>
<b>Date</b>	<b>Position(s) for which you are applying</b>	

**Please read carefully:**

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. \* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

**Race/Ethnicity – Select one or more**

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Disability - Are you a person with a disability?**

- Yes
- No

**Sex – Select one**

- Female
- Male

- **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.