

MINNESOTA ELECTRIC TECHNOLOGY

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete the entire form; incomplete forms will not be processed.
3. Print clearly; illegible forms cannot be processed.
4. If more space is needed to complete any question, use comments section on the back.
5. Minnesota Law requires our employees to be 18 years or older.

APPLICATION DATE _____ POSITION APPLIED FOR _____

NAME _____ PHONE (HOME) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

How did you learn about us? Friend/Relative _____ Other _____

Have you ever been employed with us before? _____ No _____ Yes (If yes, give dates _____)

May we contact your present employer? _____ No _____ Yes

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. 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. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin, sexual orientation, status with regards to public assistance, the presence of disabilities, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. This application applies only to the position specified. It is considered inactive after thirty days. If at any time you wish to be considered for employment within this company, another application must be completed.

AVAILABILITY

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.)

When can you start? _____ What category would you prefer? _____ Full-time _____ Part-time _____ Temporary

For which schedules are you available? _____ Weekdays _____ Weekends _____ Evenings _____ Nights _____ Other

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE INFORMATION

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer _____	Employed from _____ to _____
Address _____	Telephone _____
Job Title _____	Supervisor _____
Work Performed _____	
_____	Hourly rate (starting) _____
Reason for leaving _____	(final) _____

Employer _____	Employed from _____ to _____
Address _____	Telephone _____
Job Title _____	Supervisor _____
Work Performed _____	
_____	Hourly rate (starting) _____
Reason for leaving _____	(final) _____

Employer _____	Employed from _____ to _____
Address _____	Telephone _____
Job Title _____	Supervisor _____
Work Performed _____	
_____	Hourly rate (starting) _____
Reason for leaving _____	(final) _____

Employer _____	Employed from _____ to _____
Address _____	Telephone _____
Job Title _____	Supervisor _____
Work Performed _____	
_____	Hourly rate (starting) _____
Reason for leaving _____	(final) _____

If you need additional space, please continue on a separate sheet of paper.

EDUCATION INFORMATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
OTHER (SPECIFY)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities that may be job-related or that you feel would be of value to this company. (You may exclude information which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

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.)

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

COMMENTS

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

REFERENCES

Name _____ Address _____ _____	Phone # () _____	Years Known	Relationship
Name _____ Address _____ _____	Phone # () _____	Years Known	Relationship

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer reporting bureaus to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during my employment. I agree that if I am employed, my employment shall not be construed as being for any definite period, rather it is terminable at will by the Company or me.

SIGNATURE _____ DATE _____