

# Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other # (\_\_\_\_) \_\_\_\_\_ e-mail Address \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? .....  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions \_\_\_\_\_  Yes  No

Are you legally eligible for employment in this country?.....  Yes  No

Date available for work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ What is your desired salary range?.....\$ \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to meet the attendance requirements of the position?.....  Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? .....  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

From (Month/Year)	To (Month/Year)	Employer	Telephone # (____)
Starting job title / final job title		Street Address	City State
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ Per Final \$ Per
Reason for leaving		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus \$ (est.)	
From (Month/Year)	To (Month/Year)	Employer	Telephone # (____)
Starting job title / final job title		Street Address	City State
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ Per Final \$ Per
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Immediate supervisor and title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ Per Final \$ Per
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Starting job title / final job title		Street Address	City State
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ Per Final \$ Per
Reason for leaving		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus \$ (est.)	

## Skills and Qualifications

Word
  Excel
  MS Office
  Power Point
  Internet

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Educational Background (if job-related)

School (Include City and State)	Number of Years Completed	Level of Completion	Course of Study
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	

## References

Name	Title	Relationship To Candidate	Telephone	Number of Years Known
			( )	
			( )	
			( )	
			( )	

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

**Do not sign until you have read the above applicant statement.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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 2001 Application for Employment (Short Form) #R0-A0344



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Minnesota Dehydrated Vegetables, Inc.

An Equal Opportunity, Affirmative Action Employer

## Applicant Flow Survey Form

Last name	First name	Middle initial(s)
Date		
Position(s) for which you are applying		

### 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

- Caucasian (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic origin
- Asian or Pacific Islander
- Native American or Alaskan Native (not of Hispanic origin)

### Gender

- Female
- Male

### Referral Source:

- Community Organization \_\_\_\_\_
- Governmental Job Service
- Company Website
- Walk-in
- Union
- Employee Referral
- Other \_\_\_\_\_

### Disability

Are you a person with a disability?

- Yes
- No

\* **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, or if you need accommodation during the application or interview process, please notify us in some other manner.