P 507.288.6575 F 507.288.0116 2960 Highway 14 W Rochester, MN 55901

**Employment Application** Social Security # Trade Desired Name Height Weight Dependents (Number, Ages) Street, City, State, Zip Phone Number Previous Address for the past 3 years Cell Phone (Optional) In Case of Emergency Notify: Home Phone Number Name Work Phone Number Address General Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Last School Attended (Name, City) List Major Date of OSHA 10 Certification: Have you served in the U.S. Armed Forces? Branch Type of Discharge Rank at Discharge Date (From - To) ☐ Yes ■ No Have you ever been convicted of a Felony involving theft or If yes, please explain injury to another person? ☐ Yes ☐ No Have you ever done this type of work before? □ Yes □ No Are you capable of doing this type of work? ☐ Yes □ No If employed and you are under 18, can you furnish a work permit? □ Yes □ No Have you filled an application out here before? ☐ Yes □ No Have you ever been employed here before? □ Yes ■ No If yes, When Are you employed now? □ Yes ■ No If yes, may we contact your present employer? □ Yes ■ No 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) On what date would you be available for work? Date Are you available to work? ☐ Full-time ■ Part-time ■ Temporary or Seasonal Are you on lay-off and subject to recall? □ Yes ■ No Can you travel if a job requires it? ■ No ☐ Yes Physical History Do you wear glasses or corrective lenses? ☐ Yes □ No Date of last physical examination List any physical limitations (such as evesight, limb impairment, diabetes, etc.) We consider applications for all positions without regard to race, color, religion, sex, national origin, age marital or veteran

status, the presence of a non job related medical condition or handicap, or any other legally protected status.

Past Employment (list last 3 year	rs)			
Last Employer: Name				
Address				
Position Held	From	То	Salary	
Reason for Leaving				
Second Last Employer: Name				
Address				
Position Held	From	То	Salary	
Reason for Leaving	I			
Third Last Employer: Name				
Address				
Position Held	From	То	Salary	
Reason for Leaving				
Deference	Please no	ote pertinent info	ormation regarding Reference	
References Name:		Pho	ne:	
Name:		Pho	Phone:	
Name			ne:	
Please give any further information which may be	helpful to us in considering y	our qualifications:	Example: Special work skills.	
Read and sign this Agreement before submitting the As part of our employment procedure, a routine in General reputation and personal characteristics. Use If one is made, will be provided. I understand that other required documents shall be considered sufficiently physical and or drug testing may be required. The information in it are true and complete to the best	nquiry may be made which will Upon written request, additionant any false answer or statement ficient cause for denial of emplies is certifies that this application	al information as to ts or implication m loyment or discharg	the nature and scope of the report. ade by me on this application or ge. I also understand that if hired a	
Signature of Applicant	Date			