

APPLICATION OF EMPLOYMENT

It is the policy of MRF Attachments to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

First Name	Middle Initial	Last Name
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Street and Apt. #	City	State	Zip Code
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Home Telephone: _____ Cell Phone: _____

If applying for a position where driving is required, do you have a valid driver's license in the State of Minnesota? Yes _____ No _____

Do you possess any endorsements? Yes _____ No _____

If yes, please state the type of endorsements _____

License Number: _____

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

If yes, give employer's name, contact person and phone number: _____

Are you available to work Full-Time _____ Part-Time _____ Overtime _____

Can you perform the essential functions of the position for which you are applying for with or without reasonable accommodation? _____

Employment Experience: (In order, most recent first)

~Employer _____ Supervisor's Name _____
Address _____
Job Title/Position _____ Telephone Number _____
Employed from _____ (mo/yr) to _____ (mo/yr)
Salary: Starting / Ending _____
Duties _____

What did you like most about your job? _____

What did you least like about your job? _____

Reason for leaving _____

~Employer _____ Supervisor's Name _____
Address _____ Job Title/Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Salary: Starting / Ending _____
Duties _____

What did you like most about your job? _____

What did you least like about your job? _____

Reason for leaving _____

~Employer _____ Supervisor's Name _____
Address _____
Job Title/Position _____ Telephone Number _____
Employed from _____ (mo/yr) to _____ (mo/yr)
Salary: Starting / Ending _____
Duties _____

What did you like most about your job? _____

What did you least like about your job? _____

Reason for leaving _____

High School:

Name and Address

Did you graduate? ☐ Yes ☐ No

If you did not graduate, did you receive your GED? ☐ Yes ☐ No

Special honors or awards: _____

Technical or Vocational School:

Name and Address

Did you graduate? ☐ Yes ☐ No

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University:

Name and Address

Did you graduate? ☐ Yes ☐ No

Degree: _____ Major: _____

Special honors or awards: _____

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

How many hours are you willing to work in a week? _____

Would you be able to work weekends? ☐ Yes ☐ No

When would you be able to start? _____

Desired salary: _____ per _____

Special Skills, Qualifications and Considerations: Summarize special skills and qualifications, volunteer activities, military experiences, employment or other activities related to the job you are seeking:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history. Furthermore, I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____

This application is valid for only ninety (90) days from the date signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.