

# Application for Employment



**Modern Tool, Inc**

**Instructions:** It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, marital status, sexual orientation, creed, national origin, disability, veteran status, age, or any other protected characteristic.

1200 Northdale Blvd.  
Minneapolis, MN 55448  
Tele (763) 754-7337  
Fax (763) 754-7557

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

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Position applied for \_\_\_\_\_

Shift Preferred 1  2  Any

Desired Pay \_\_\_\_\_

Would you accept full-time work? Yes  No

Would you accept part-time work? Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? No  Yes  Dates \_\_\_\_\_

**Special training or skills:**

Languages, machine operation, etc. that would be benefit in the job for which you are applying.

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Are you legally eligible for employment in the United States? Yes  No

**If yes, proof is required.**

**For Office Use Only**

Applicant # \_\_\_\_\_

Employee # \_\_\_\_\_

Hire Date \_\_\_\_\_

Position \_\_\_\_\_

Rate \_\_\_\_\_

Class \_\_\_\_\_

Skill \_\_\_\_\_

Other \_\_\_\_\_

Notes: \_\_\_\_\_

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**Attachments**

- Resume
- Applicant Reference Check
- Applicant Interview
- Payroll Change Notice

## Employment Experience

Place an  by the employer(s) you **do not** want us to contact. List your most recent employer first.

1. **Employer** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone (     ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. **Employer**

Address \_\_\_\_\_

\_\_\_\_\_ Phone (     ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. **Employer**

Address \_\_\_\_\_

\_\_\_\_\_ Phone (     ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

### AUTHORIZATION OF ALL STATEMENTS:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION OF EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I AUTHORIZE ALL FORMER EMPLOYERS TO RELEASE ANY INFORMATION ABOUT ME.

## Educational Background

### High School:

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate Yes  No  Degree or diploma \_\_\_\_\_

### College:

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate Yes  No  Degree or diploma \_\_\_\_\_

### Graduate School:

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate Yes  No  Degree or diploma \_\_\_\_\_

### Vocational Training – Other:

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate Yes  No  Degree or diploma \_\_\_\_\_

### Continuing Education:

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate Yes  No  Degree or diploma \_\_\_\_\_

### References:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I UNDERSTAND THAT THESE RULES AND OR THE EMPLOYEE HANDBOOK DO NOT FORM A CONTRACT OF EMPLOYMENT EITHER EXPRESSED OR IMPLIED, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_