

Shafer Contracting Co., Inc.
P.O. Box 128
Shafer, Minnesota 55074

EMPLOYMENT APPLICATION

Applicant's Name	Social Security No.
Permanent Street Address or P.O. Box	Phone No.
City, State & Zip Code	Alternate Phone No.
Position(s) Applied For	Date of Application
Have you ever submitted an application here before?	If so, when?
Have you ever been employed here before?	If so, when ?
Are you 18 years or older?	
Are you willing to Travel?	

References

Name	Phone No.	Years Known

Educational Background

Name & Location	Years Completed	Did you Graduate ?	Course of Study
High School			
College			
Trade or Business			

Military Background

Branch	Rank at discharge
--------	-------------------

AN EQUAL OPPORTUNITY EMPLOYER

Past Employment

Last Employer: Name		Supervisor & Title
Address		Phone No.
Position Held	From To	Wage/Salary
Reason for Leaving		
Last Employer: Name		Supervisor & Title
Address		Phone No.
Position Held	From To	Wage/Salary
Reason for Leaving		
Last Employer: Name		Supervisor & Title
Address		Phone No.
Position Held	From To	Wage/Salary
Reason for Leaving		

Skills and Qualifications

Summarize any special training, skills or experience that may qualify you as being able to perform job-related functions in the position for which you are applying.

I certify that the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice and that, absent a written contract signed by the President of the company, I will remain an at-will employee and can be terminated at any time without any notice.

I authorize investigation of the statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information such references may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that if the company decides to engage an investigative consumer reporting agency to report on my credit and personal history, the company will provide me, at my request, with the name and address of the agency so that I can obtain from them the nature and substance of the information contained in the report.

Signature: _____

Date: _____

Affirmative Action Voluntary Information

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you also fill out this tear-off sheet.

This data is for periodic government reporting and will be kept in a confidential file separate from your Application for Employment. YOUR COOPERATION IS VOLUNTARY BUT VERY HELPFUL.

Applicant's Name	
Permanent Address	Phone No.
Position(s) Applied For	Date of Application

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> Union |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other _____ |

Name of person(s) who referred you (if applicable) _____

Check if Applicable:

Veteran Status

Decline to Answer

Veteran

Not a Veteran

Disability

Decline to Answer

No, I don't have a disability

Yes, I have a disability (or previously had a disability)