EMPLOYMENT APPLICATION

(Please Print)

Date: _____

Name: _____ Social Security No: _____

Address: _____
Street

_____
City State Zip Code

Home Phone: _____ Date of Birth: _____

Cell Phone _____ Email Address:_____

Pager _____ Are You 18 Years or older:_____

Are You a U.S. Citizen_____
What Foreign Languages Do You Speak Fluently (other than English) _____

Employment Desired
Position _____ Date You Can Start Work _____

Ever Applied to This Company Before _____ When _____

Education			
School	Name & Location	Years Completed	Degree Received
High			
College			
Other			

Subjects of special study or special skills
_____
_____
_____

U.S. Military Service _____ Rank _____

Are you presently a member in the National Guard or Reserves _____

Prospective employees will reserve consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

Company Name	Telephone Number ( )
Address	Employed (State Month and Year) From: To:
Supervisor	Weekly Pay Start: Last:
Job Title and Duties	Reason For Leaving

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We may contact the employers listed above unless you indicate those you do not want us to contact

Emergency Numbers:
Who would you like to contact in case of an emergency.

Name: ____Phone No: __________________

Relationship to you: ____

Signature of Applicant: __________________________________ Date: _____________________

CHILD SUPPORT DISCLOSURE FORM

Employee Name _____ Birth Date_____

Address_____ Soc. Se. #_____

City _____State_____ Zip Code _____

Minnesota law requires individuals to disclose information about court-ordered support obligations when they are hired for employment. Authority is found in Minnesota Statues, section 518.611, subd. 8., and 518.171, subd. 2a

Please answer the following as required by law:

[ ] YES [ ] NO Do you owe court-ordered support that your employer is required to withhold from your income?

[ ] YES [ ] NO Do you owe court-ordered medical support payments that your employer is required to withhold from your income?

[ ] YES [ ] NO Are you court-ordered to provide health and dental insurance coverage for your dependents?

If you answer "YES", you must provide the following information for each obligation:

1. Amount of support you are ordered to pay:

   $_____per _____for current support

   $_____per _____for medical support

   $_____per _____for arrearages

2. Date of the court order: Month_____Day_____Year_____

3. Local order was entered: County_____ State_____

4. Names and birth dates of Child(ren) for whom you owe support:

Name _____ Birth Date_____

Name _____ Birth Date_____

Name _____ Birth Date_____

Name _____ Birth Date_____

Name _____ Birth Date_____

Name _____ Birth Date_____

Name _____ Birth Date_____

5. Child support agency where support is sent:

Name_____

Address_____

City _____ State_____Zip_____

6. Your support account number: _____

I declare that everything that I have on this form is complete and correct to the best of my knowledge. I hereby authorize my employer to verify this information with the public agency responsible for child support enforcement.

Dated: _____ _____

Employee Signature

TO THE EMPLOYER

If the new employee has answered yes to any of the questions in the box on the preceding page, you must do the following:

* begin withholding child, spousal and medical support payments under the terms of the court order
* forward the support payments to the appropriate child support support agency
* make all health insurance application processes known to the new employee
* enroll the new employee's dependents in your health insurance plan

AFFIRMATIVE ACTION SURVEY

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as disabled, Vietnam-era veteran, status with regard to public assistance.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

To assist with government record keeping, reporting and other legal requirements please fill out the Affirmative Action Survey.

Providing this information is voluntary and refusal to provide information will not have a negative effect on your status as an applicant.

PLEASE PRINT Date Applied: _____

Name_____ Phone ( ) _____
Last First Middle

Address_____

_____

Position(s) Applied For:

Referral Source:

____ Employment Agency Referral ____ Job Service _____ Walk In

____ Employee Referral ____ Newspaper Ad _____ Rehire

____ Community Agency Referral ____ College Relations _____ Other _____

Check one: ____ Male _____ Female

Check one of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic

____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if any of the following are applicable:

____ Vietnam Era Veteran _____Disable Veteran _____ Handicapped Individual