



# APPLICATION FOR EMPLOYMENT MINNESOTA OPERATIONS

AN EQUAL OPPORTUNITY EMPLOYER M/F/D/V

It is the policy of Strongwell that there will be no unlawful discrimination against any applicant for employment because of race, color, creed, religion, sex, age, national origin, marital status, or disability, or due to the fact that he/she is a military veteran, disabled veteran or a veteran of the Vietnam era. Strongwell complies with applicable federal, state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Strongwell also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

<b>Personal Data</b>										
Status Sought	Regular	Part-Time/Temporary	Summer							
Name (First, Middle, Last)					Phone No.					
Street Address					Alternate Phone No.					
City	State	Zip Code	Are you under 18 years of age?			Yes	No			
<b>Education Record</b>										
HIGH SCHOOL					City & State					
Total No. Years Attended			Did You Graduate		Yes	No				
Major Course					Minor Course					
COLLEGE/UNIVERSITY					City & State					
Did You Graduate	Yes	No	Major	Minor	Degree					
Honors					Total No. of Years Attended					
Grade Point Average			Out of		Quarterly Hrs.		Semester Hrs.			
TRADE/TECHNICAL SCHOOL					City & State					
Type of Certificate Received										
Total Time Attended			Years	Months	Hours Equivalency					
COLLEGE/OTHER OR GRADUATE EDUCATION					City & State					
Did You Graduate	Yes	No	Major	Minor	Degree					
Honors					Total No. of Years Attended					
Grade Point Average			Out of							
Thesis Subject (or Research Effort)										
COLLEGE/OTHER OR GRADUATE EDUCATION					City & State					
Did You Graduate	Yes	No	Major	Minor	Degree					
Honors					Total No. of Years Attended					
Grade Point Average			Out of							
Thesis Subject (or Research Effort)										

**Employment History** List most recent employer first. Attach additional sheet if necessary.

1. COMPANY			Position
City	State	Phone	
Employed From	To	Supervisor	Annual Salary
Responsibilities			

List 3 Fellow Workers 1. 2. 3.

Reasons for Leaving

2. COMPANY			Position
City	State	Phone	
Employed From	To	Supervisor	Annual Salary
Responsibilities			

List 3 Fellow Workers 1. 2. 3.

Reasons for Leaving

3. COMPANY			Position
City	State	Phone	
Employed From	To	Supervisor	Annual Salary
Responsibilities			

List 3 Fellow Workers 1. 2. 3.

Reasons for Leaving

4. COMPANY			Position
City	State	Phone	
Employed From	To	Supervisor	Annual Salary
Responsibilities			

List 3 Fellow Workers 1. 2. 3.

Reasons for Leaving

5. COMPANY			Position
City	State	Phone	
Employed From	To	Supervisor	Annual Salary
Responsibilities			

List 3 Fellow Workers 1. 2. 3.

Reasons for Leaving

## Additional Information

May we call your present employer?    Yes    No

When required by the job, are you willing to work: WEEKENDS    Yes    No    SHIFTS    Yes    No

Type of position desired:

Starting pay range desired: \$

Have you ever worked for this company?    Yes    No    If "Yes," give date last worked:

Have you previously applied for employment at Strongwell?    Yes    No    If "Yes," give approximate date:

Have you ever been convicted of or plead guilty to a felony or misdemeanor crime (not including minor traffic offenses)?    Yes    No  
If "Yes," state nature of offense, when, where, and disposition. Your answer is reviewed as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense.

Has your employment ever been involuntarily terminated?    Yes    No    If "Yes," explain:

If related to anyone in our employ, state name and department:

### PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW IF YOU FULLY UNDERSTAND AND AGREE

If hired, I agree to comply with all the policies of this company. I affirm and declare that all the foregoing statements are true and correct, and that I have not withheld any fact that would, if disclosed, affect my application unfavorably, and I authorize this company to conduct any investigation it considers necessary on this application, including obtaining any police or criminal records. I also authorize this company to release such information together with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving this information or opinions.

I authorize my former and present employers and personal references to give any information they may have concerning my performance and employment record. I understand that false statements or omissions on this application may be considered as sufficient cause for rejection of the application, or dismissal, if I become employed by the company.

I attest to the fact that I have no employment contracts with either my current or former employer that will prohibit my employment in any capacity or area of Strongwell endeavors. I understand, if hired, I am employed at the will of the company for an indefinite period of time. I may resign from Strongwell at any time, with or without cause, and may be discharged by Strongwell at any time, with or without cause, and with or without notice. My employment will be contingent upon successfully passing a drug screening test, and that my continuing employment is contingent upon my passing any future tests that I may be required to take during my employment. I hereby release and hold the toxicologist, testing laboratory, and medical clinic harmless for release of any information concerning the testing to Strongwell. I further release and hold harmless Strongwell, their directors, officers, stockholders, and employees for the use of this information. I understand that although management makes every effort to accommodate individual preferences, business needs may, at times, require mandatory overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I further understand that the company reserves sole and exclusive right to determine job assignments. I further understand that this is an application for employment and that no employment contract is being offered or implied. In the event of my employment, I will furnish proof of my identity; proof that I may legally be employed in the United States; proof of date of birth; military discharge forms; and appropriate academic transcripts.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

BE SURE TO SIGN AND DATE THIS APPLICATION