

Application

For Employment

1010 North Summit Ave. | P.O. Box 250 | Sauk Rapids, MN 56379 320-252-3165 | <u>wilkiesanderson.com</u>

Date:					
Full Name:					
Address:					
City:					
Telephone:	If No Answer call:		Soc Sec	: #	
Position(s) Applying for:			Shift: 🗖 Days	Afternoon	/Evening
Are you available to work: 🗖 Full	-Time 🗖 Part-Time	Have you a	applied here be	efore? 🗖 Yes	🗖 No
Are you eligible to work in the Ur	nited States? 🗖 Yes 🤇	🗖 No (Pro	of will be requi	ired at hire.)	
When will you be available for we limmediately I Beginning _		After	notic	ce to current e	employer
Are you currently employed? 🗖 🕻	Yes 🗖 No 🛛 May we d	contact your	present emplo	yer? 🗖 Yes 🛾	J No
Expected Income?	Will you work o	overtime will	ingly?		
How were you referred to us?					
Where did you graduate from Hig	gh School?				
Do you have any other type of ec					
Summarize special skills and qual	ifications acquired fro	om employm	ent or other ex	periences:	

	and part-time employment record. Start with your present or			
most recent job.	Phone:			
Address:	Detec encelsued			
	Dates employed:			
Job The and Description of Work.				
Beginning and End Salary:	Reason for Leaving:			
Company Name:	Phone:			
Address:				
Name of Supervisor:	Dates employed:			
Job Title and Description of Work:				
Beginning and End Salary:	Reason for Leaving:			
	Phone:			
Address:				
	Dates employed:			
Job Title and Description of Work:				
Beginning and End Salary:	Reason for Leaving:			
	D CAREFULLY BEFORE SIGNING			
my qualifications and abilities. I understand that m whenever discovered. I also understand that in car	pplete to the best of my knowledge and I authorize you to make a review of isrepresentation or omission of fact called for may be cause for dismissal rying out this review, reports may be solicited from previous employers, but no attempt will be made to contact my present employer unless I have			
I recognize that any employment offer is subject to	:			
My Ability to perform the Essential Job Fu My Successful completion of a pre-emplo job offer has been and and the applicant My agreeing to abide by all company poli	yment physical, which includes a drug and alcohol test (Conducted after a has accepted the job offer).			
I acknowledge that my employment is at will and that the company reserves the right to terminate me at any time with our without cause and with or without notice. I understand that no practice or policy of the company relating to termination procedures alters the at-will nature of my employment in any way.				

Signature of Applicant

Date

Equal Opportunity, Affirmative Action Employer

Wilkie Sanderson is firmly committed to prohibiting discrimination on the bases of race, color, sex, age, religion, creed, marital status, national origin, status with regard to public assistance, affectional preference or disability throughout the selection and employment process.

Employment Application Data Record

Applicants for employment are treated without regard to race, color, sex, age, religion, creed, national origin, martial or veteran status, medical condition or disability, or any other legally protected status.

As an employer with the Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with Government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not a part of you're Application for Employment or personnel file.

<u>Please note:</u> YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)		DATE			
Name					
Address					
City		StateZip			
Social Security #					
Position Applied For:		EEO Code (Office use Only)			
Check One: 🗖 Male	Female				
Check One of the Following: (Ethnic Origin)					
🗖 White	Hispanic	American Indian/Alaskan Native			
🗖 Black	□Other	Asian/Pacific Islander			
Check if any of the foll	lowing are applicable				
Veteran	Disabled In				
Birthdate:					
Please deta	ach this form from the ann	lication and return it to the front desk. or mail it to:			

lease detach this form from the application and return it to the front desk, or mail it to: Wilkie Sanderson 1010 N. Summit Ave P. O. Box 250 Sauk Rapids, MN 56379