

1012 Industrial Drive South | P.O. Box 250 | Sauk Rapids, MN 56379

320-252-3165 | wilkiesanderson.com

Please carefully read and answer all questions.

Date of application:					
Name:					
First		Middle	е		Last
Address:					
Street Telephone: Cell ()	Home (	City )	Stat Email address:		Zip 
POSITION INFORMATION					
Position desired:					
Have you applied to Wilkie Sanderson	before: Y	es 🗌 No			
How did you hear about us: 🔲 Indeed	d 🗌 Wilkie W	/ebsite 🔲 B	uilding Sign 🗌 Other	:	
Were you referred by a current Wilkie	Sanderson e	mployee:	Yes No		
If referred, what is the name of the e	employee:				
Date available for work:			Wage desired:		
Type of employment:   Full-time	Part-tin	ne	Shift: Days Af	ternoon/Evening	3
Will you work overtime?	Yes	☐ No			
Are you 18 years of age or over?	Yes	☐ No			
Are you legally eligible for employment in the United States?					☐ No
Are you able to provide the acceptable Form I-9 document(s) for employment?					☐ No
Can you do the listed job duties with or without reasonable accommodations?					☐ No
EDUCATION					
(Include high school and/or institution	issuing GED	and any add	ditional education/cou	ırses taken.	
Name of School:			Gra	duation Date:	



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3. EMPLOYER: Address: \_\_\_\_\_ City State Zip Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_ May we contact? Yes No Start date: \_\_\_\_\_month/day/year End date: \_\_\_\_month/day/year Job title: Reason for leaving: Description of work and skills used (include tools, equipment and computer skills): \_\_\_\_\_\_ ADDITIONAL INFORMATION List/describe any other training, skills, certification, and/or experience relevant to the position for which you are applying. **READ CAREFULLY BEFORE SIGNING** I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I recognize that any accepted employment offer is subject to the successful completion of a pre-employment physical, which includes a drug and alcohol test. I authorize investigation of all statements contained herein and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in selection and employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. Signature Date