

APPLICATION FOR EMPLOYMENT

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Please complete all sections of this application. Should you have questions, please contact us at 507-524-4282.

Please Read and Initial Each Paragraph, then Sign Below

_____ I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check as may be necessary in arriving at an employment decision, in which case I will release my social security number and birth date. I understand that any false or incomplete information given in my application or interview(s) may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

_____ I understand and acknowledge that unless otherwise defined by applicable law or written agreement, any employment relationship with this organization is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice. I further understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract or contract by implication.

_____ I further understand that I am required to abide by all rules and regulations of the employer.

_____ I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and any professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

_____ I hereby acknowledge that I have read and understand the forgoing. I understand that this application will be considered "active" for sixty (60) days, after which time, if I wish to be considered for employment, I must submit a new application.

Signature:

Date:

Return this application to the company location where you obtained it, or mail, fax, or email:

Workforce Resources, Inc.

PO Box 26

Mapleton, MN 56065

Attn: Human Resources

Fax: 507-216-0672

Email: mail@workforce-resources.com



CONSUMER REPORT DISCLOSURE AND AUTHORIZATION FORM

DISCLOSURE

In connection with your application for employment or in connection with your status as an employee of _____, we may seek to obtain a background investigation from a consumer reporting agency. The report will contain information bearing on any criminal history you may have. You have the right to request the report prepared about you. Please sign below to provide us your authorization to procure such a report.

AUTHORIZATION

I authorize Workforce Resources, Inc. to obtain a consumer report about me in connection with my application for employment and/or employment.

Date

Signature

Print Name

Check this box if you would like to receive a copy of the consumer report.

APPLICANT INFORMATION

Name of Company applying to:	Date:
Type of work/shift desired:	

Last Name	First Name	Middle Initial	Home Number:
Street Address	City/State	Zip Code	Cell Number:
Email Address:			County of Residence:
If under 18, please list age:	Wage desired:	Employment desired: <input type="checkbox"/> Full-time only <input type="checkbox"/> Full or part-time <input type="checkbox"/> Part-time only <input type="checkbox"/> Temporary work	
If hired, on what date can you start working?	What days and hours are you available to work?		
How did you learn about the position?			
Have you ever applied to or worked for the Company before?			
If selected for employment, would you be able to present evidence of your US citizenship or proof of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If selected for employment, would you have transportation to/from work? <input type="checkbox"/> Yes <input type="checkbox"/> No If selected for employment, will you submit to and pass a controlled substance test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization. Where appropriate and permitted, or required by state or federal law, a criminal background check and/or drug test may be required prior to employment. If applicable to the Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law. Employee hires under age 18 are subject to verification of minimum legal age.	

EDUCATION

Name of School	Location	Yrs Completed	Graduate?	Degree/Major

Summarize and/or list any job-related skills, accomplishments or additional information necessary, including military service that describes your full qualifications for the specific position for which you are applying.

REFERENCES

Name and Occupation	How do you know them, and for how long?	Phone Number

EMPLOYMENT---List most recent employers first.

If you are currently employed, may we contact your current employer ___Yes ___No

Name of Employer:	Job Title:
Address:	Dates Employed From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Telephone:	Supervisor:
Duties:	
Reason for Leaving:	

Name of Employer:	Job Title:
Address:	Dates Employed From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Telephone:	Supervisor:
Duties:	
Reason for Leaving:	

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Telephone:	Supervisor:
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