



## Application for Employment

Qualified applicants are considered for all positions without regard to race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or age.

**Please Note:** This application form was designed for use by applicants for various positions - professional, technical and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially.

**PLEASE PRINT LEGIBLY**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

Type of Work Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date available for work \_\_\_\_\_

Do you wish to work: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Supplemental  
If part-time or supplemental, specify hours or days \_\_\_\_\_

Preferred work hours (shift) \_\_\_\_\_

Are you willing to work a 2nd shift? \_\_\_\_\_ Are you willing to work a 3rd shift? \_\_\_\_\_

Can you work overtime? \_\_\_\_\_

Note: If work flow conditions change you may be transferred to another shift. You are also expected to be available for all required hours of overtime (including weekends) should your Supervisor require it. Will this be a problem for you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you previously been employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

If employed in the position for which you have applied, would you be in a supervisory relationship to any relative or member of your household? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify: \_\_\_\_\_

Is there any additional information we need to know about your name to verify your employment or education records? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify: \_\_\_\_\_

### **GENERAL INFORMATION**

Are you legally eligible to work in the United States? \_\_\_\_ Yes \_\_\_\_ No  
(Verification will be required upon hire.)

Are you 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No If you are under 18, will  
you be able to furnish a work permit after employment? \_\_\_\_ Yes \_\_\_\_ No

Are you able to perform the essential functions of the job for which you are applying?  
\_\_\_\_ Yes \_\_\_\_ No

Can you show me how you would perform those functions? \_\_\_\_ Yes \_\_\_\_ No

### **SKILLS** *(Complete only applicable questions)*

Typing speed \_\_\_\_\_ words per minute

Business machines you can operate \_\_\_\_\_  
\_\_\_\_\_

Production equipment/machines you can set up and/or operate \_\_\_\_\_  
\_\_\_\_\_

Measuring tools you have used \_\_\_\_\_  
\_\_\_\_\_

### **EDUCATIONAL DATA**

School	Print Name and address for each school listing	# of Yrs Completed	Degree, Major or Type of Course
High School			
College			
Graduate School			
Trade, Business, Night or Corresp.			
Other			

EMPLOYMENT HISTORY (List present or most recent employer first).			
Employer		Employed From _____ Mo/Yr To _____ Mo/Yr	Supervisor's Name
Address			May we contact supervisor?    Yes    No
Telephone			Your Job Title
Your Salary		Duties:	
Start	End		
Reason For Leaving			
Employer		Employed From _____ Mo/Yr To _____ Mo/Yr	Supervisor's Name
Address			May we contact supervisor?    Yes    No
Telephone			Your Job Title
Your Salary		Duties:	
Start	End		
Reason For Leaving			
Employer		Employed From _____ Mo/Yr To _____ Mo/Yr	Supervisor's Name
Address			May we contact supervisor?    Yes    No
Telephone			Your Job Title
Your Salary		Duties:	
Start	End		
Reason For Leaving			
Employer		Employed From _____ Mo/Yr To _____ Mo/Yr	Supervisor's Name
Address			May we contact supervisor?    Yes    No
Telephone			Your Job Title
Your Salary		Duties:	
Start	End		
Reason For Leaving			

**REFERENCES** *(Job-related references only)*

Name	Occupation	Yrs. Known	Phone #
1. _____			
2. _____			
3. _____			
4. _____			

Please include any additional information that relates to your ability to perform the job.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT** *(Please read carefully.)*

I understand that Bondhus Corporation (the employer) follows an "employment at will" policy in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing, unless specifically authorized in writing by the President of Bondhus Corporation. I understand that this application is not a contract of employment. I also understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that any offer of employment is contingent upon a pre-employment examination by a company selected doctor to determine whether I can perform the job duties. In addition, I understand Bondhus Corporation has a policy against substance abuse, and reserves the right to screen its applicants for employment as an enforcement measure in providing a safe, healthy and productive work environment, and I hereby release Bondhus of all liability which may result from making such investigations.

I understand that Bondhus Corporation will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them of all liability from making such investigations.

I certify that all the statements herein are true and complete to the best of my knowledge, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered.

*Signed* \_\_\_\_\_ *Dated* \_\_\_\_\_

**BONDHUS CORPORATION**

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