

Application Form Instructions (MINNESOTA)

While we attempted to make this application form as comprehensive and useful as possible, there are a few issues you should consider before modifying or using this form.

First, this application form reflects Minnesota and federal law, but employers are cautioned to review it for compliance with county and city ordinances, as well as industry regulations, where applicable. Please note, state employment laws will apply based on where the candidate or employee works. Accordingly, this form may not be fully compliant for those candidates and employees working outside of Minnesota or with other states' requirements or restrictions. Consequently, if you intend to use it for hiring employees in states other than Minnesota, you will need to review and possibly modify this form further to accommodate other applicable state laws.

Second, it is generally a good idea to have all applicants for positions at any level within your organization complete the application form, even if they have also submitted a resume. Amongst other reasons, doing so ensures that all applicants are treated consistently, and by signing off on an application form, each applicant is also signing off on the waivers and acknowledgements contained in the application form.

Third, due to the 2013 amendment to Minnesota statutes Section 364.021, employers can no longer ask an applicant to disclose his/her criminal record or criminal history on the application form. However, employers may ask an individual these questions during an interview, or once a conditional offer of employment has been made.

Finally, to comply with federal law, employers should retain all applications for a minimum period of one year from the date of the hiring decision. Employers subject to federal affirmative action rules should retain applications for a minimum period of two years. Employers are cautioned to comply with all federal and state laws that may require retention of applications for a longer period of time.

If you have any questions regarding the application or hiring process, we encourage our clients to contact the Hotline at hotline@associatedfinancialgroup.com or by phone at 800-258-3190.

EMPLOYMENT APPLICATION

INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please thoroughly read all statements contained in this Application form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. Incomplete or illegible applications will not be processed.
4. Do not fill out any other attached forms unless and until instructed.

APPLICANT INFORMATION

Today's Date: _____

Position Applied For: _____

Name: _____
Last First Middle

Home Phone: _____ Cell Phone: _____

Current Address: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after ____ days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

EEO STATEMENT

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, religion, sex, pregnancy, citizenship, national origin, age, disability, military service, veteran status, genetic information, union membership, creed, marital status, familial status, sexual orientation, status with regards to public assistance, membership in a local human rights commission, or any other category that may be protected by law.

AVAILABILITY

Are you legally authorized to work in the United States? Yes No

Are you under the age of 18? Yes No

~~C, and~~ can you provide proof of eligibility to work? Yes No

On what date can you start? _____

What job category would you prefer? Full-time Part-time Temporary On Call/Casual

For what schedules would you be available? Weekdays Weekends Days

Evenings Overtime All Shifts Other _____

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	DEGREE EARNED
High School		
College		
Other		

JOB-RELATED SKILLS

Have you received a job description or had the requirements of the job explained to you? Yes No

Do you understand these requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodation? Yes No

If the job requires you to drive, do you have the appropriate valid driver's license? Yes No

DL# _____ Type _____ State of Issue _____

Please list any other skills, licenses or certificates that may be **job-related** or that you feel would be of value to this job or our organization. _____

EMPLOYMENT HISTORY

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

MOST RECENT EMPLOYER	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Company Name	City	State	Phone Number ()
	<i>From (month/yr)</i>	<i>To (month/yr)</i>	Dates Employed	
	Job Title		Supervisor's Name/Number	
			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually Pay	
	Duties			
Reasons for Leaving				
SECOND MOST RECENT EMPLOYER	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Company Name	City	State	Phone Number ()
	<i>From (month/yr)</i>	<i>To (month/yr)</i>	Dates Employed	
	Job Title		Supervisor's Name/Number	
			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually Pay	
	Duties			
Reasons for Leaving				
THIRD MOST RECENT EMPLOYER	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Company Name	City	State	Phone Number ()
	<i>From (month/yr)</i>	<i>To (month/yr)</i>	Dates Employed	
	Job Title		Supervisor's Name/Number	
			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually Pay	
	Duties			
Reasons for Leaving				

REFERENCES

Include only individuals familiar with your work capabilities. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

CERTIFICATION

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment shall be "at-will," and that either the Company or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

AUTHORIZATION

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant's Full Name *(please print)* _____

Signed _____ Dated _____