



American Converters, Inc. 5360 NE Main Street Fridley, MN 55421 Fax (763) 574-1015 Phone (763) 574-1044

EMPLOYMENT APPLICATION

Today's Date: ___ / ___ / _____

Position Applied For: _____

Referral Source: Advertisement Employee Relative Employment Agency
 Walk-In Other: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

NOTE: By providing my personal E-mail address above I authorize the company to use it to communicate information to me about my employment. If at any time I wish to revoke this authorization I can do so by providing a written notice to Human Resources with my printed name, signature and date signed.

Have you submitted an application here before? YES NO
If yes please provide position title applied for and date: _____

Have you ever been employed here before? YES NO
If yes please provide position title and dates of employment: _____

Applicant Instructions:

If you need help filling 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 may be rejected.

Note To Applicant:

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 30 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 providing we are accepting applications for employment at that time.

An Equal Opportunity Employer

All employees and applicants will be treated without regard to age, sex, color, religion, race, national origin, citizenship, veteran status, current or future military status, sexual orientation, gender identification, marital or familial status, physical or mental disability, legal source of income or any other status protected by law.

BACKGROUND CHECKS

Conviction of a crime does not automatically disqualify you from employment. Should an interview take place you will be asked if you have had any criminal convictions. Should a job offer be issued to you, it will be contingent upon an acceptable criminal background check relative to the position being applied for.

AVAILABILITY

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

Are you under the age of 18, and can you provide proof of eligibility to work? Yes No

On what date can you start? _____

Type of employment desired: Full-Time Part-Time Temporary

What schedules would you be available to work based on position applied for? Weekdays Weekends

Manufacturing Positions: 1st Shift 2nd Shift 3rd Shift Any Shift Other: _____

Will you be available to work overtime when needed? Yes No

If no please explain: _____

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

Will you be able to travel if position requires it? Yes No

Are you able to meet the attendance expectations of the position? Yes No

EDUCATION

Name	City & State	Degree Earned
High School		
College		
Other		

JOB-RELATED SKILLS

Yes No 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 essential functions of the position for which you are applying?

If no, please explain below: (If you have any question as to what essential functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

Please list skills, qualifications, licenses or certificates that may be job-related or that you feel would be of value to this position and/or this organization:

EMPLOYMENT HISTORY:

Provide the following information of your current and past employers, assignments or volunteer work. Starting with the most recent. Explain any gaps in employment in the comments section. Use additional sheet if necessary.

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

SECOND MOST RECENT EMPLOYER	_____			
	_____			()
	Company Name	City	State	Phone Number
	From <i>(month & yr)</i> _____		To <i>(month & yr)</i> _____	
	Dates Employed		Supervisor's Name/Number	
	Job Title: _____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
	Duties: _____			
Reason For Leaving: _____				

THIRD MOST RECENT EMPLOYER	_____			
	_____			()
	Company Name	City	State	Phone Number
	From <i>(month & yr)</i> _____		To <i>(month & yr)</i> _____	
	Dates Employed		Supervisor's Name/Number	
	Job Title: _____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
	Duties: _____			
Reason For Leaving: _____				

Comments (Including explanation of any gaps in employment):

Personal References: List name and phone number of three individuals who are **not** related to you and are **not** previous supervisors.

<u>Name</u>	<u>Phone Number</u>	<u>Years Known</u>
1.		
2.		
3.		

GENERAL

List professional, trade, business, civic or volunteer association you have been involved with and any positions held. Or special accomplishments, awards, etc. Exclude any memberships that would reveal race, color, religion or creed, gender (sex), pregnancy, sexual orientation, gender identity, national origin, citizenship, age, mental or physical disabilities, genetic information, veteran / reserve status, or any other similarly protected status or class.

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. I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

AUTHORIZATION

I understand that background, credit check, 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 checks and/or 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 Legal Name (please print): _____

Signature: _____ Date: ____ / ____ / ____

**** Following Section For Company Use Only ****

- Interviewed by: _____ Date: ____ / ____ / ____
- Comments (Attach additional sheet if needed): _____
- Hired? Yes **or** No
- Position Hired For: _____
 Non-Exempt Position **or** Exempt Position
- Biweekly Salary or Hourly Wage: _____
- Start Date: ____ / ____ / ____
- Employment Approved by (Please Print): _____
- Date: ____ / ____ / ____
- Secondary Approval (If Needed): _____
- Date: ____ / ____ / ____
- Received In HR By: _____
- Date: ____ / ____ / ____