



APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT ANSWERS TO THE FOLLOWING QUESTIONS. TO BE CONSIDERED FOR EMPLOYMENT, ALL ITEMS MUST BE COMPLETED.

Position Desired _____ Today's Date _____		
Date available to start work _____		
Income Expectation _____		
Name: _____		
Last	First	Middle
Present Address: _____		
Street and Number		

City	State	Zip Code
Telephone No.: () _____ Email: _____		
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give dates and position: _____		
Do you have any friends or relatives, other than spouse, working here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, name: _____ Relationship: _____		

How would you get to and from work? _____

Do you have a valid driver's license? Yes No

License No. _____ State _____ Expiration Date _____

CRIMINAL CONVICTIONS AND TRAFFIC VIOLATIONS

Minnesota law prohibits us from asking you about criminal convictions and traffic violations on this employment application.

We will ask about them if you are selected for an interview or if we make you a conditional offer of employment.

Your criminal convictions or traffic violations may cause us not to offer you employment. Surrounding circumstances will be considered including age, date of conviction, seriousness and the nature of the crime.

EDUCATION RECORD

Type of School	Name and Address	No. of Years Completed	Graduated	Course of Study or Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education or Training				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of all of your previous employers in chronological order with present or last employer listed first. Do not omit any past employer. Be sure to account for all periods of time including military service, and any period of unemployment. If more space is needed, you must attach an additional page to this application so that you can include all past employment, military service, etc.

<u>Name of Last Employer</u>	<u>Employed From (mo./yr.)</u>	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
<u>Address</u>	<u>To (mo./yr.)</u>	<u>Name of Last Supervisor</u>	
<u>City, State, Zip Code</u>			
<u>Telephone</u>			

<u>Name of Last Employer</u>	<u>Employed From (mo./yr.)</u>	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
<u>Address</u>	<u>To (mo./yr.)</u>	<u>Name of Last Supervisor</u>	
<u>City, State, Zip Code</u>			
<u>Telephone</u>			

<u>Name of Last Employer</u>	<u>Employed From (mo./yr.)</u>	<u>Your Position(s)</u>	<u>Reason for Leaving</u>
<u>Address</u>	<u>To (mo./yr.)</u>	<u>Name of Last Supervisor</u>	
<u>City, State, Zip Code</u>			
<u>Telephone</u>			

Have you ever been discharged, laid off, or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Please explain fully any periods in your employment history where you were not employed: _____

May we contact your current employer? Yes No If no, please explain: _____

I certify that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated.

I understand that any offer of employment by this company is contingent upon (1) my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire, (2) successful completion of my pre-placement physical exam and/or drug/alcohol test that may be required by the company, and (3) proof of a valid driver's license and satisfactory driving record. I understand that my employment may be terminated at any time if the company determines or is notified by its insurer that I do not have a valid driver's license or a satisfactory driving record.

No promises concerning the nature of length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. Unless I am covered by a collective bargaining agreement containing a contrary provision, I also understand that the company has the same right to terminate my employment at any time and for any reason. I understand that no one employed by the company has the authority to modify these conditions, except in a written document signed by the president of the company.

My signature reflects that I have read, understood and have agreed to these terms and conditions. I understand that this application will be considered active for only thirty (30) days, and that if I wish to be considered for employment after that time, I must submit a new application.

Hoglund Body & Equipment, Inc. is an Equal Employment Opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, protected veteran status, disability status, sexual orientation, gender identity or expression, marital status, genetic information, or any other characteristic protected by law.

Hoglund Body & Equipment, Inc. is a drug-free workplace.

Hoglund Body & Equipment, Inc. is committed to providing access, equal opportunity and reasonable accommodation for individuals with disabilities in employment, its services, programs, and activities. To request reasonable accommodation, contact Human Resources at HR@Visionmidwest.com.

Date: _____

Applicant's Signature

Return application to Monique Hoglund Bergan
Email: monique@hoglundbody.com
Fax: (763) 295-3300