



EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human resources Department.

General Information

Today's Date	Name:	Last	First	Middle
Present Address		Street		City
State	Zip	Home Phone		
Email address		Cell Phone		

If we may call you at work, please indicate business telephone number: _____

How did you learn about the position? _____

Have you been employed by Apex before? If yes, please give dates _____

Are you legally eligible for employment in the U.S.? Yes No

Job Requirements

Position title you are applying for: _____

Are you interested in:

- | | | |
|---|-----------------|------------------------------------|
| <input type="checkbox"/> Regular employment | How long? _____ | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Temporary Employment | How long? _____ | <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> Summer |

Salary Expected:	Are you willing to work 1 Shift? _____	Yes	_____	No
	Are you willing to work 2 nd Shift? _____	Yes	_____	No
	Are you willing to work 3 rd Shift? _____	Yes	_____	No
	Work a schedule other than Monday through Friday? _____	Yes	_____	No
	Work rotational shifts? _____	Yes	_____	No

Date available for hire: _____

Employment Record-Please provide all information requested

Starting with your present or last employer, please list jobs you have had including experience in the military and volunteer organizations. Note: 1) Please indicate if you DO NOT want us to contact a present or former employer.

Organization Name:	Supervisor:	Phone Number:	
Street Address	City	State	Zip
Employment Dates: (mo./yr.) from to	Salary: starting: ending:	Reason for leaving:	
Position: _____	Description of duties: _____		

Organization Name:	Supervisor:	Phone Number:	
Street Address	City	State	Zip
Employment Dates: (mo./yr.) from to	Salary: starting: ending:	Reason for leaving:	
Position: _____	Description of duties: _____		

Organization Name:	Supervisor:	Phone Number:	
Street Address	City	State	Zip
Employment Dates: (mo./yr.) from to	Salary: starting: ending:	Reason for leaving:	
Position: _____	Description of duties: _____		

Organization Name:	Supervisor:	Phone Number:	
Street Address	City	State	Zip
Employment Dates: (mo./yr.) from to	Salary: starting: ending:	Reason for leaving:	
Position: _____	Description of duties: _____		

Education Record

School Name & Location	Graduate? (Yes/No)	Degree/Certificate	Major/Minor
High School			
Vocational/Technical			
College or University			
Other (Specify)			

Skills Information

Indicate speed, accuracy and the names of equipment you can use for the position you are applying:

Comments

This section is for your personal comments. Please feel free to list any honors, scholarships, achievements, memberships in professional, honorary and nonprofessional societies, and any other information you feel would be helpful to us in your evaluation. Exclude memberships that would reveal race, color, religion, creed, sexual orientation, national origin, citizenship, marital status, age, disability, veteran/reserve National Guard or any other similarly protected class.

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, briefly describe circumstances to include date of conviction, nature and place of offense, and disposition of case. This information is viewed as only one factor in your consideration of employment and is evaluated in terms of nature, severity, and date of offense. Do not include arrests without convictions and arrests, and convictions adjudged youthful offender.

Conditions of Application for Employment

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agents, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains on file for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that if offered a position, I may be required to submit to a pre-employment drug screen by a qualified health professional. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of a drug screen may result in the withdrawal of any employment offer or termination of employment if already employed.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

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.

I hereby acknowledge that I have read and understand the foregoing.

Date

Applicant's Signature



Pre-Employment Information Form

To the Applicant

We are requesting that you voluntarily provide the following information. It will help Apex International monitor its compliance with Equal Opportunity laws and to measure its advertising and recruitment efforts. Failure to provide this information will not disqualify you for present or future employment. Data reported will be kept confidential and will not be maintained in personnel files.

_____ Male _____ Female
Full Name (Please Print)

Specific job opening for which you applied _____

How did you learn about the job? _____
(Identify the name of the publication, school, agency, person, etc.)

Race/Ethnic Identification (Check only one)

_____ White (Not of Hispanic Origin)—A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ Black (Not of Hispanic Origin)—A person having origins in any of the Black racial groups of Africa.

_____ Hispanic—A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.

_____ Asian or Pacific Islander—A person having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Subcontinent, or the Pacific Islands.

_____ American Indian or Alaskan Native—A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

_____ Two or More Races

Disability/Handicap: Do you have a physical or mental impairment, which substantially limits one or more major life activities? _____ Yes _____ No

This information should be sent directly to:

Apex International
Human Resources
134 Columbia Court
Chaska, Minnesota 55318