

## **EMPLOYMENT APPLICATION**

## **An Equal Opportunity Employer**

MN Concrete Products is an Equal Opportunity Employer. MN Concrete Products does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information		
Applicant Name		Home Phone
Email Address		Other Phone:
Current Address: Number and Street	ī	
City		State & Zip
How were you referred to MN Concre	te Produc	cts?
<b>Employment Positions</b>		
Position(s) applying for:		
		ed for MN Concrete Products, Inc.?
<ul> <li>Temporary work – such as s</li> </ul>	ummer o	or holiday work? Yes No
<ul><li>Regular part-time work?</li></ul>	Yes	No
<ul><li>Regular full-time work?</li></ul>	Yes	No
What days and hours are you availab	le for wo	rk?
If applying for temporary work, when	will you	be available?
If hired, on what date can you start v	vorking?	//
Can you work on the weekends?	Yes	No
Can you work evenings? Yes	No	
Are you available to work overtime?	Yes	No
Salary desired: \$		

## **Personal Information**

If hired, would you have reliable tr	ansportation to/from work? Yes	No		
Are you over the age of 18? (If und No	der 18, hire is subject to verification of r	ninimum l	egal age.)	Yes
If hired, would you be able to presoned work in the United States? Yes	ent evidence of your U.S. citizenship or S No	proof of yo	our legal rig	jht to
If hired, are you willing to submit t	o and pass a controlled substance test?	Yes	No	
Are you able to perform the essent without reasonable accommodation	ial functions of the job for which you are	e applying	, either witl	า /
If no, describe the functions that ca	annot be performed:			
that may be necessary for eligible	olies with the ADA and considers reasona applicants/employees to perform essent agility and may be subject to a medical e	ial functio	ns. It is pos	ssible
Education, Training and Experie	ence			
High School School Name:				
Address:	City, State, Zip:			
Number of years completed:	Did you graduate?	Yes	No	
Degree / diploma earned:				
College / University School Name:				
Address:	City, State, Zip:			
Number of years completed:	Did you graduate?	Yes	No	
Degree / diploma earned:				
Vocational School School Name:				
Address:	City, State, Zip:			
Number of years completed:	Did you graduate?	Yes	No	
Degree / diploma earned:				
Military				
Branch:	Rank in Military:			
Total Years of Service:	Skills/duties:			

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Related details:			
Additional Information			
Do you speak, write or understand any for	eign languages´	? Yes No	
If yes, list languages(s) and how fluent of	a speaker you d	consider yourself to be.	
Do you have any other experience, training our attention, in the case that they make yes No  If yes, please explain:	ou especially s	uited for working with us?	_
Employment History			
Are you currently employed? Yes	No		
If you are currently employed, may we cor	ntact your curre	nt employer? Yes No	
Below, please describe past and present en account for all periods of unemployment. <b>E be completed.</b>			
Name of Employer:		_ Business Type:	
Name of Supervisor:	Teleph	none Number:	
Address:	City, State,	Zip:	
Length of Employment (Include Dates): _			
Position & Duties:			
Reason for Leaving:			
May we contact this employer for reference	es? Yes	No	
Name of Employer:		Business Type:	
Name of Supervisor:	Teleph	none Number:	
Address:	City, State,	Zip:	
Length of Employment (Include Dates): _			
Position & Duties:			
Reason for Leaving:			
May we contact this employer for reference	es? Yes	No	
Name of Employer:		Business Type:	
Name of Supervisor:	Teleph	none Number:	

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Address:	City, State, Zip:
Length of Employment (Include Date	es):
Position & Duties:	
Reason for Leaving:	
May we contact this employer for ref	ferences? Yes No
If there has been a gap in emplo below.	yment of more than 6 months, please provide details
(Attach sheet if more space is ne	eeded)
<b>References</b> List below three (3) persons who have years. Please include professional re	ve knowledge of your work performance within the last four (4) ferences only.
Name - First, Last:	Telephone Number:
Address:	
City, State, Zip:	
Occupation:	Number of Years Acquainted:
Name - First, Last:	Telephone Number:
Address:	
City, State, Zip:	
Occupation:	Number of Years Acquainted:
Name - First, Last:	Telephone Number:
Address:	
	Number of Years Acquainted:

## Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge

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and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by MN Concrete Products, terms for my immediate expulsion from MN Concrete Products.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or MN Concrete Products.

I permit MN Concrete Products to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release MN Concrete Products, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature:	
Date:	

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