



EMPLOYMENT APPLICATION

VOLK TRANSFER, INC. | 2415 3rd Avenue | Mankato, MN 56001
phone: 507.388.1683 | fax: 507.388.6197 | toll-free: 800.388.1780
www.volktransfer.com | **Smart Move.**

Volk Transfer is an Equal Opportunity Employer. We are fully committed to providing equal employment opportunities for all applicants and employees according to all applicable equal opportunity laws, directives and regulations of federal, state, and local governing bodies and agencies. All business and employment-related decisions conducted with the highest ethical standards. Volk Transfer, Inc. does not and will not discriminate against any applicant for employment regarding race, color, religion, national origin, sex, age, marital status, veteran status, disability, sexual orientation, or any other characteristic protected by applicable federal, state, or local law.

Please Print

DATE OF APPLICATION: _____

Name: _____

(Last)

(First)

(Middle)

Cell Number: (_____) _____ Email Address: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Permanent Address, if different from above address:

(Street)

(City)

(State)

(Zip)

EMPLOYMENT DESIRED

Referral Source: (Select one) Advertisement Friend Walk-in Recruiting Firm
Current Employee Other: _____

Position applying for: _____

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

What days and hours are you available for work?

Have you ever applied to Volk Transfer? Yes No

If yes, please give the approximate date and position applied for: _____

Have you ever been employed by Volk Transfer? Yes No

If yes, please give employment dates and position(s) held: _____

If you are **under the age of 18**, can you provide the required proof of eligibility to work? Yes No

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

On what date would you be available to start working for Volk Transfer? _____

EDUCATION

School	Name and Address	No. of Years Completed	Did you Graduate?	Major Course(s) of Study
Junior High				
High School				
College/University				
Vocational/Business				
Other				
Summarize specific skills, training or professional certifications not listed above?				

EMPLOYMENT HISTORY

Please list all present and past employment starting with your most recent employer. **If information is already on your résumé, please fill in only those items not listed on your résumé (i.e., Supervisor's name, reason for leaving).** Attach additional pages, if necessary.

Name of Current Employer: _____

Address: _____

Dates of Employment: From: (Month/Year) _____ To: (Month/Year) _____

Telephone: (_____) _____ Supervisor's Name: _____

Your Position and Work Performed: _____

Reason for Leaving: _____

Name of Former Employer: _____

Address: _____

Dates of Employment: From: (Month/Year) _____ To: (Month/Year) _____

Telephone: (_____) _____ Supervisor's Name: _____

Your Position and Work Performed: _____

Reason for Leaving: _____

Name of Former Employer: _____

Address: _____

Dates of Employment: From: (Month/Year) _____ To: (Month/Year) _____

Telephone: (_____) _____ Supervisor's Name: _____

Your Position and Work Performed: _____

Reason for Leaving: _____

Name of Former Employer: _____

Address: _____

Dates of Employment: From: (Month/Year) _____ To: (Month/Year) _____

Telephone: (_____) _____ Supervisor's Name: _____

Your Position and Work Performed: _____

Reason for Leaving: _____

Name of Former Employer: _____

Address: _____

Dates of Employment: From: (Month/Year) _____ To: (Month/Year) _____

Telephone: (_____) _____ Supervisor's Name: _____

Your Position and Work Performed: _____

Reason for Leaving: _____

Name of Former Employer: _____

Address: _____

Dates of Employment: From: (Month/Year) _____ To: (Month/Year) _____

Telephone: (_____) _____ Supervisor's Name: _____

Your Position and Work Performed: _____

Reason for Leaving: _____

GENERAL

Are you able to perform the essential functions of the job for which you have applied? Yes No

If no, what reasonable accommodations can we make to allow you to perform the essential functions of the job for which you have applied? Yes No

Please list: _____

Have you acquired any specific skills or abilities during service in the military? Yes No

Is yes, please describe: _____

REFERENCES

Please list below three persons not related to you who have knowledge of work performance with the last three (3) years:

Name: _____ Occupation: _____

Address: _____

Telephone: (____) _____ Number of Years Acquainted: _____

Name: _____ Occupation: _____

Address: _____

Telephone: (____) _____ Number of Years Acquainted: _____

Name: _____ Occupation: _____

Address: _____

Telephone: (____) _____ Number of Years Acquainted: _____

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

Please carefully, initial each paragraph, and sign below:

I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. **Initials:** _____

I understand that submission of an application does not guarantee employment. I further understand that should Volk Transfer, Inc. extend an offer of employment that such employment with Volk Transfer, Inc. is at-will. This means that employment is not for any specified duration and that either party may terminate the employment relationship, with or without cause, with or without notice, at any time, for any reason. I understand that none of the documents, policies, procedures, actions, or statements of Volk Transfer, Inc., or its representatives during the employment process are implied or deemed a contract of employment. I understand that no representatives of Volk Transfer, Inc. except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any agreements must be in writing and signed by the President of Volk Transfer, Inc. **Initials:** _____

In consideration for employment with Volk Transfer, Inc., if employed, I agree to comply with the rules, regulations, policies and procedures of Volk Transfer, Inc. always and understand that such compliance is a condition of employment. I understand that as a condition of employment with Volk Transfer, Inc., I must sign a confidentiality agreement. If offered employment with Volk Transfer, Inc., I must sign this agreement during orientation. **Initials:** _____

I understand that Volk Transfer, Inc. prohibits the use, sale, distribution, dispensation, manufacture or possession of alcohol or a controlled substance or marijuana while on company property or during work time and prohibits any employee from working for Volk Transfer, Inc. while under the influence or impaired by alcohol or any controlled substance or marijuana. Violation of this policy may result in immediate termination of employment. **Initials:** _____

I understand that if offered a position with Volk Transfer, Inc., I must submit to a pre-screening background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment screening and check will result in withdrawal of any employment offer or termination of employment, if already employed. **Initials:** _____

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Volk Transfer, Inc. and/or any of its representatives and I release all parties involved from any and all liability for any and all damage that may result from providing such information. **Initials:** _____

I understand that the receipt of this application does not mean that a job opening exists at Volk Transfer, Inc. and does not obligate Volk Transfer, Inc. in any way. This application is current and valid for sixty (60) days. If I wish to apply for employment after this period, I must fill out and submit a new application. **Initials:** _____

By signing below, I acknowledge that I have read, understood and agree to the above statements.

Date: _____ Applicant's Signature: _____