

We provide equal employment opportunities to all applicants for employment and prohibit discrimination of any type based on race, color, religion, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

## **Employment Application**

		App	olicant In	forma	tion				
Full Name:					Date:				
	Last	First				M.I.			
Address:									
	Street Address						Apartme	nt/Unit #	
	City					State	ZIP Code		
Phone:				Email					
Date Availab	le:	Social Security No.:				Desired Salary: <b>\$</b>			
Position App	lied for:								
Are you a citi	izen of the United States?	YES	NO		If no, are y	ou authorize	ed to work in the U.S	YES ?	NO
Have you eve	er worked for this company?	YES	NO	If yes, when?					
Have you ever been convicted of a felony?		YES	NO						
If yes, explair	n:								
			Educa	tion					
High School:			Address:_						
From:	To:	_ Did you g	raduate?	YES	NO	Diploma:			
College:			Address:						
From:	To:	Did you g	raduate?	YES	NO	Degree:			
Other:			Address:						
From:	To:	_ Did you g	raduate?	YES	NO	Degree:			

		Referen	ices			
Please list three	e references.					
Full Name:					Relationship:	
Company:					Phone:	
Full Name:					Relationship:	
Company:					Phone:	
Full Names					Dalationshin	
Full Name:					Relationship:	
Company.					Phone:	
	Pr	evious Emp	oloymen	t		
Company:					Phone:	
Address:		Supervisor:				
Job Title:		Starting Sal	ary: <b>\$</b>		Ending Salary:\$	
Responsibilities	:					
From:	To:		Reasor	o for Leaving:		
_						
May we contact	t your previous supervisor for a reference?		YES	NO		
Company:					Phone:	
Address:					Supervisor:	
Job Title:		Starting Sal	ary: <b>\$</b>		Ending Salary: <b>\$</b>	
Responsibilities	:					
From:	То:		Reasor	n for Leaving:		
_			YES	NO -		
May we contact	t your previous supervisor for a reference?					
Company:					Phone:	
Address: _					Supervisor:	
Job Title:	Starting Salary:			Ending Salary: <b>\$</b>		
Responsibilities	:					
From:	To:	To: Reason for Leaving:		n for Leaving:		
May we contact	t your previous supervisor for a reference?	2	YES	NO		

## **Disclaimer and Signature**

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed, may result in my dismissal.

I hereby authorize the Advantus or an independent contractor on behalf of Advantus to investigate all statements contained in this application; to interview the references and previous employers listed on this application; to conduct a criminal background check and/or to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditional upon satisfactory results of the background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period. I also understand that my employment and compensation can be terminated "at will" with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the company or myself. I understand that no supervisor or other representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of initial employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so, or the receipt of unsatisfactory test results, will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

Signature:	Date: