



P.O. Box 336
Buffalo, MN 55313-0336

(763) 682-4336
Fax: (763) 682-9692

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. Alternative formats of this application are available upon request.

GENERAL INFORMATION

Position(s) Applied For

Date of Application

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Last Name

First Name

Middle Initial

--	--	--

Street Address

City

State

Zip Code

--	--	--	--

Telephone Number(s)

Social Security Number

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How did you learn about us?

Advertisement

Friend

Relative

Employment Agency

Walk-in

Other: _____

If you are under 18 years of age, can you provide required proof of your ability to work?

Yes No

Have you ever filed an application with us before?

Yes No If yes, when? _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Full Time

Part Time

Shift Work

Temporary

Can you travel, if a job requires it?

Yes No

Are you currently on layoff status and subject to recall?

Yes No

EDUCATION

	School Name and Location	Years Completed	Diploma/Degree	Course of Study
Grade School			N/A	N/A
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
College/University				
Professional				

Describe any specialized training, apprenticeship, skills and activities.

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering your application.

Indicate any foreign languages you can speak, read and/or write.

	Speak	Read	Write
Fluent			
Good			
Fair			

List any professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

REFERENCES

List the name, address and phone number of three references who are not previous employers, and who are not related to you.

	Name	Address	Telephone
1			
2			
3			

Have you ever had any job-related training in the United States military? Yes No If yes, please describe.

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT HISTORY

Start with your present or last position. Include job-related military service assignments and volunteer activities. You may exclude organizations which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status. If you need additional space, please attach a separate sheet.

1) Employer	Address	Telephone	Employment Dates
Job Title	Supervisor	Work Performed	
Starting Wage/Salary	Ending Wage/Salary	Reason for Leaving	

2) Employer	Address	Telephone	Employment Dates
Job Title	Supervisor	Work Performed	
Starting Wage/Salary	Ending Wage/Salary	Reason for Leaving	

3) Employer	Address	Telephone	Employment Dates
Job Title	Supervisor	Work Performed	
Starting Wage/Salary	Ending Wage/Salary	Reason for Leaving	

How do you feel about persons with disabilities?

Why are you interested in working at Functional Industries, Inc.?

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Applicant Printed Name

Applicant Signature

Date

HUMAN RESOURCES USE ONLY

Arrange Interview? Yes No

Remarks: _____

Interviewer: _____ Date: _____

Job Offer? Yes No Job Title: _____ Hourly Rate/Salary: _____

Supervisor (Name and Title): _____ Dept: _____

Date of Employment: _____

Notes: _____



APPLICANT FLOW SURVEY

TO ALL APPLICANTS:

The information requested in the following questionnaire will not affect you as an applicant. This information will be used to determine if our recruitment efforts are reaching all segments of the community, and to meet governmental reporting requirements. This information will not be placed in your personnel file and will not be given to anyone who makes hiring decisions. We would appreciate your cooperation and assistance in our efforts to ensure Equal Employment Opportunity.

Position(s) Applied For	Date of Application
<input type="text"/>	<input type="text"/>

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number(s)	Social Security Number
<input type="text"/>	<input type="text"/>

Gender: Male Female

What race/ethnic group do you consider yourself?

- Black or African American
 Asian
 Hispanic or Latino
 Two or more races
 American Indian or Alaskan Native
 White
 Hawaiian Native
 Other: _____

Do you have a disability? Yes No

Are you a Vietnam Era Veteran? Yes No

How did you learn about this job?

- Walk In
 State Employment Agency Name: _____
 Newspaper Name: _____
 College/Technical School Name: _____
 High School Name: _____
 Private Employment Agency Name: _____
 Minority Group Referral Source Name: _____
 FII Employee (includes all programs/depts.) Name: _____
 Other (be specific) _____