

ENGINEERING SOLUTIONS GROUP



14022 Lincoln St NE, Ham Lake, MN 55304
PH: (763) 450-3800 FAX: (763) 450-3850
www.iae-online.com

EMPLOYMENT APPLICATION

APPLICANT INFORMATION:

TODAY'S DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
LAST FIRST MIDDLE

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____
MAY WE CONTACT YOU AT WORK? Y

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

HOW DID YOU LEARN ABOUT THE JOB? _____

INSTRUCTIONS:

IF YOU NEED HELP TO FILL OUT THIS APPLICATION FORM OR FOR ANY PHASE OF THE EMPLOYMENT PROCESS, PLEASE NOTIFY THE PERSON THAT GAVE YOU THIS FORM AND EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR NEEDS IN A REASONABLE AMOUNT OF TIME.

1. PLEASE THOROUGHLY READ ALL STATEMENTS CONTAINED IN THIS APPLICATION FORM.
2. COMPLETE ALL PAGES OF THIS FORM COMPLETELY AND ACCURATELY.
3. PRINT CLEARLY. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
4. DO NOT FILL OUT ANY OTHER ATTACHED FORMS UNLESS AND UNTIL INSTRUCTED.

APPLICANT NOTE:

THIS APPLICATION FORM IS INTENDED FOR USE IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. THIS IS NOT AN EMPLOYMENT CONTRACT. FALSE OR MISLEADING STATEMENTS DURING THE INTERVIEW AND ON THIS FORM ARE GROUNDS FOR TERMINATING THE APPLICATION PROCESS OR, IF DISCOVERED AFTER EMPLOYMENT, TERMINATING EMPLOYMENT. THIS APPLICATION APPLIES ONLY TO THE POSITION SPECIFIED. IT IS CONSIDERED INACTIVE AFTER 60 DAYS. IF AT ANY TIME AFTER THIS POINT YOU WISH TO BE CONSIDERED FOR EMPLOYMENT WITH THIS COMPANY, ANOTHER APPLICATION WILL HAVE TO BE COMPLETED.

EEO STATEMENT:

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND DO NOT DISCRIMINATE IN OUR HIRING OR EMPLOYMENT PRACTICES. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, SEX, OR ANY OTHER CHARACTERISTIC PROTECTED BY STATE OR FEDERAL LAW.

AVAILABILITY:

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

ARE YOU UNDER THE AGE OF 18 YES NO IF YES, GIVE DATE OF BIRTH AND AGE _____.

CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK? YES NO

ON WHAT DATE CAN YOU START? _____ WHAT ARE YOUR SALARY EXPECTATIONS? _____

WHAT JOB CATEGORY WOULD YOU PREFER? FULL-TIME PART-TIME TEMPORARY ON CALL/CASUAL

ARE YOU WILLING TO WORK OVERTIME? YES NO

ARE YOU WILLING TO TRAVEL? YES, _____ NO

DO YOU HAVE ANY OBLIGATIONS THAT WOULD PREVENT YOU FROM WORKING MORE THAN EIGHT (8) HOURS PER DAY?
 YES NO IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER FILED AN APPLICATION FOR IAE, RMT, OR MBA BEFORE? YES NO IF YES, GIVE DATE _____

HAVE YOU EVER BEEN EMPLOYED FOR IAE, RMT, OR MBA BEFORE? YES NO IF YES, GIVE DATE _____

EDUCATION:

PLEASE CIRCLE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12 13 14 15 16 16+

| NAME | CITY/STATE | DEGREE EARNED |
|-------------|------------|---------------|
| HIGH SCHOOL | , | |
| COLLEGE | , | |
| OTHER | , | |

LIST SUBJECTS OF SPECIAL STUDY OR INTEREST: _____

JOB-RELATED SKILLS:

HAVE YOU RECEIVED A JOB DESCRIPTION? YES NO

CAN YOU PERFORM THE REQUIREMENTS OF THIS JOB? YES NO IF NO, PLEASE EXPLAIN; _____

IF THE JOB REQUIRES YOU TO DRIVE, DO YOU HAVE THE APPROPRIATE VALID DRIVER'S LICENSE? YES NO

DL# _____ TYPE _____ STATE OF ISSUE _____

HAVE YOU HAD ANY MOVING VIOLATIONS? YES NO IF "YES" PLEASE EXPLAIN: _____

PLEASE LIST ANY OTHER SKILLS, LICENSES OR CERTIFICATES THAT MAY BE JOB-RELATED OR THAT YOU FEEL WOULD BE OF VALUE TO THIS JOB OR OUR ORGANIZATION. _____

EMPLOYMENT HISTORY:

YOUR APPLICATION MAY NOT BE CONSIDERED UNLESS EVERY QUESTION IS ANSWERED. SINCE WE MAY CONTACT PREVIOUS EMPLOYERS, CORRECT TELEPHONE NUMBERS ARE ESSENTIAL.

| | |
|---------------------------------|--|
| MOST RECENT EMPLOYER | <div style="text-align: right; margin-bottom: 10px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? </div> <hr/> <p>COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER () -</p> <p>FROM (MONTH/YR) _____ To (MONTH/YR) _____ SUPERVISOR'S NAME _____</p> <p>DATES EMPLOYED _____</p> <p>JOB TITLE _____ \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUALLY PAY</p> <p>DUTIES _____</p> <p>REASONS FOR LEAVING _____</p> |
| MOST RECENT EMPLOYER | <hr/> <p>COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER () -</p> <p>FROM (MONTH/YR) _____ To (MONTH/YR) _____ SUPERVISOR'S NAME _____</p> <p>DATES EMPLOYED _____</p> <p>JOB TITLE _____ \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUALLY PAY</p> <p>DUTIES _____</p> <p>REASONS FOR LEAVING _____</p> |
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BACKGROUND:

Yes No HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN A MOVING VIOLATION) OR SERVED TIME?
IF SO, PLEASE DESCRIBE BELOW.
(CONVICTION OF A CRIME DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.)

| INCIDENT | CITY/STATE | CHARGE |
|----------|------------|--------|
| 1. | , | |
| 2. | , | |
| 3. | , | |

REFERENCES:

INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK CAPABILITIES. DO NOT INCLUDE RELATIVES OR FRIENDS.

| NAME | PHONE | YEARS KNOWN/RELATIONSHIP |
|------|-------|--------------------------|
| 1. | () - | , |
| 2. | () - | , |
| 3. | () - | , |

CERTIFICATION I CERTIFY THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND ANY STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS REGARDING INFORMATION CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION, OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I ALSO AGREE THAT, IF COMPANY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT SHALL BE "AT-WILL," AND THAT EITHER THE COMPANY OR I CAN CHOOSE TO TERMINATE THE EMPLOYMENT RELATIONSHIP FOR ANY REASON, OR NO REASON AT ALL, WITH OR WITHOUT NOTICE.

AUTHORIZATION I UNDERSTAND THAT BACKGROUND, DRUG, OR MEDICAL TESTING MAY BE CONDUCTED ON ME AS PART OF THE PROCESS TO DETERMINE MY FITNESS FOR EMPLOYMENT, AND HEREBY AGREE TO SUBMIT TO SUCH TESTING. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, MEDICAL PRACTITIONERS, CURRENT AND/OR FORMER EMPLOYERS, AND LAW ENFORCEMENT AUTHORITIES TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND OR TEST RESULTS, AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES, MEDICAL PRACTITIONERS, CURRENT AND/OR FORMER EMPLOYERS, AND LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION.

APPLICANT'S FULL NAME (PLEASE PRINT) _____

SIGNED _____

DATED _____