

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT



Alexandria

6049 Highway 29 South
Alexandria, MN 56308
320-763-3667

Brainerd

10727 Brent Dr.
Brainerd, MN 56401
218-829-8365

St. Cloud

2150 Frontage Rd S
Waite Park, MN 56387
320-253-1310

Willmar

1301 East Hwy 12
Willmar, MN 56201
320-235-7688

www.AmericanDoorWorks.com



St. Cloud

3073 3rd St. S.
Waite Park, MN 56387
320-253-1312

www.MidCentralDoor.com

Position(s) Applied For		
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____
Date of Application	Social Security Number (voluntary)	
	- -	
Last Name	First Name	Middle Name
Address (Number / Street)		
City / State / Zip		
Telephone Number(s)		

Best time to contact you at home is: _____

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

Have you ever filed an application with us before? Yes No

If Yes, give a date _____

Have you ever been employed with us before? Yes No

If Yes, give a date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

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.

Date available for work: ____ / ____ / ____

What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate MORNINGS AFTERNOON EVENINGS)
 Temporary (Please indicate dates available ____ / ____ - ____ / ____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job required it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

EDUCATION

School	School Name / City / State	Course of Study	# Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Starting / Present Job Title
	From	To	
City / State			
Telephone Number(s)	Hourly Rate / Salary		Work Performed
Reason for Leaving	Starting	Final	
Supervisor			
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Dates Employed		Starting / Present Job Title
	From	To	
City / State			
Telephone Number(s)	Hourly Rate / Salary		Work Performed
Reason for Leaving	Starting	Final	
Supervisor			
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Dates Employed		Starting / Present Job Title
	From	To	
City / State			
Telephone Number(s)	Hourly Rate / Salary		Work Performed
Reason for Leaving	Starting	Final	
Supervisor			
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Dates Employed		Starting / Present Job Title
	From	To	
City / State			
Telephone Number(s)	Hourly Rate / Salary		Work Performed
Reason for Leaving	Starting	Final	
Supervisor			
May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Work Experience Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (SKILLS / EQUIPMENT OPERATED)

Skills

Please check all that apply: PC / MAC Typing WPM _____ Spreadsheet Word Processing

Production / Mobile Machinery

Please list: _____

Other

Please list: _____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

PERSONAL / PROFESSIONAL REFERENCES *Do not include family members or friends.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 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 Employee at any time with or without cause.

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

APPLICANT'S SIGNATURE

_____	_____
Signature of Applicant	Date

FOR OFFICE USE ONLY