

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**

Position(s) Applied For		
How were you referred to the company? <input type="checkbox"/> Staffing Agency <input type="checkbox"/> Company Website <input type="checkbox"/> Online employment ad <input type="checkbox"/> Social Media <input type="checkbox"/> School <input type="checkbox"/> Radio <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Other _____		
Date of Application		
Last Name	First Name	Middle Name
Address (Number / Street)		
City / State / Zip		
Telephone Number(s)		



**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](http://www.AmericanDoorWorks.com)



**St. Cloud**

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

[www.MidCentralDoor.com](http://www.MidCentralDoor.com)

Best time to contact you at home is: \_\_\_\_\_

Are you at least 18 years old?  Yes     No  
 If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been employed with us before?  Yes     No  
 If Yes, give a date \_\_\_\_\_

Are you currently employed?  Yes     No

May we contact your present employer?  Yes     No

Are you legally authorized to work in the U.S.?  Yes     No  
 (If hired, you will be required to provide proof of work authorization).

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 to recall?  Yes     No

Can you travel if a job required it?  Yes     No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

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

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 by law.

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

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

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

Employer	Dates Employed		Starting / Present Job Title
	From	To	
City / State			
Telephone Number(s)	Work Performed		
Reason for Leaving			
Supervisor			
<i>May we contact this supervisor?</i> <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 legally protected status.*


**Other Qualifications**

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


**Skills**

**Hand / Power tools operated proficiently**

*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

Do not include family members or friends.

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

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provided information pertaining to me or my employment.
3. I understand that upon receiving a job offer, that offer may be contingent upon a physical examination, background check, and drug screening. If this is a job requirement, you will be notified.
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**