



**APPLICATION FOR EMPLOYMENT**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

Have you ever been employed by this company? \_\_\_\_\_

List names of friends/relatives who work for us: \_\_\_\_\_

Pay expected: \_\_\_\_\_ date available to begin work: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  yes  no  
(Proof of citizenship or immigration status may be required upon employment)

Have you been convicted of a felony?  yes  no  
(Please note that a "Yes" answer will not bar you from consideration for employment)  
If yes, please explain: \_\_\_\_\_

If applying for a position where driving is required – do you have a valid Minnesota driver's license?  
License #: \_\_\_\_\_

Are you 16 years old or older? yes no

Are you 18 years old or older? yes no

In our production, numbers and counts are very important. The following simple math problems are to test your ability to work with numbers. Please complete them to the best of your ability.

1. 5 boxes of parts are shipped to complete an order. Each box contains 12 parts

How many total parts are shipped? \_\_\_\_\_

2. A crate contains 230 parts. You removed 160 parts.

How many parts are left in the crate? \_\_\_\_\_

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Can you perform the essential functions of the job(s) for which you are applying?  
yes no

What shift do you prefer? 1<sup>st</sup> (6 am – 2:30 pm) 2<sup>nd</sup> (2:15pm – 12:45am)  
Mon – Fri Mon – Thurs

Are you available to work Full-time Part-time On-call

Are you a veteran of the U.S. Military Service yes no If yes, what branch? \_\_\_\_\_

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### EDUCATION

	<u>Elementary</u>	<u>Secondary</u>	<u>College</u>	<u>Other</u>
School name & Address	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____			

Associated Finishing, Inc. is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

Web address: [www.associatedfinishing.com](http://www.associatedfinishing.com)

**SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:**

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT EXPERIENCE**

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
 Phone # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Your Salary: Starting/Ending \_\_\_\_\_ Duties \_\_\_\_\_  
 What did you like most about your job? \_\_\_\_\_

**Reason for leaving:**

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
 Phone # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Your Salary: Starting/Ending \_\_\_\_\_ Duties \_\_\_\_\_  
 What did you like most about your job? \_\_\_\_\_

**Reason for leaving:**

Web address: [www.associatedfinishing.com](http://www.associatedfinishing.com)

Employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

Your Job Position \_\_\_\_\_

Phone # \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Your Salary: Starting/Ending \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize Associated Finishing, Inc. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

**ANY OFFER TO HIRE ME IS CONTINGENT ON MY ABILITY TO PASS A PRE-HIRE DRUG TEST.**

I also understand that the company may conduct a background check in the hiring process.

If hired I will be responsible for familiarizing myself with all rules and regulations of Associated Finishing, Inc. as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of Associated Finishing, Inc. or at my option, without notice, at any time and for any reason.*

I also understand that no representative of Associated Finishing, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

**I have read, understand, and agree with the above.**

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

\_\_\_\_\_  
Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.*

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

1  Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3  Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.

- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.

- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.

- I am at least age 18 but **not** age 40 or older and I am a member of a family that:

- a Received SNAP benefits (food stamps) for the past 6 months, **or**

- b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.

- During the past year, I was convicted of a felony or released from prison for a felony.

- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.

- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.

- I am at least age 16 but **not** age 25 or older, **and**:

- a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**

- b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**

- c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4  Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, **or**

- Unemployed for a period or periods totaling at least 6 months.

5  Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**

- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**

- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

### Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone no. (\_\_\_\_) - \_\_\_\_\_ EIN ▶ \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. (\_\_\_\_) - \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:

Gave information \_\_\_\_/\_\_\_\_/\_\_\_\_ Was offered job \_\_\_\_/\_\_\_\_/\_\_\_\_ Was hired \_\_\_\_/\_\_\_\_/\_\_\_\_ Started job \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete Only If Box 1 on Page 1 is Checked**

State and county or parish of job \_\_\_\_\_

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**Employer's signature ▶** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . . . 3 hrs., 16 min.
- Learning about the law or the form** . . . . . 46 min.
- Preparing and sending this form to the SWA** . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.