

**APPLICATION FOR EMPLOYMENT
Staff**

**Molin Concrete Products Company
415 Lilac Street
Lino Lakes, MN 55014**

Molin Concrete Products Company considers all applicants for employment without regard to race, color, religion, creed, gender, sexual/affection orientation and gender identity, national origin, ancestry, familial status, public assistance status, marital status, age, handicap or disability, membership or activity in a local human rights commission, genetic information (genetic testing, family medical history, and/or genetic services), retaliation, retaliation by association, retaliation by opposition, pregnancy or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Molin Concrete complies with applicable state and local laws prohibiting discrimination in employment. Molin Concrete also provides "reasonable accommodations" to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local laws.

Position Applying For: _____

Date of Application: _____

How did you learn about this position? Advertisement Employment Agency Friend Relative Other _____

PERSONAL

Please Print

Name (Last, First, Middle)	Cell Phone ()
	Business Phone ()
	Home Phone ()

Street	E-mail Address
_____	_____

City	State	Zip Code
_____	_____	_____

Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state your age: _____	Social Security Number (Optional)
_____	_____

Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Type of work desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
_____	_____

Are you authorized to work in the United States on an unrestricted basis? Yes No

*Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

EDUCATION

Name of School and Location (City and State)	Course of Study	Number of years completed?	Did you graduate?	Diploma or degree received	Overall Grade Average
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical/Vocational School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____		
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____		
Military Training					

List your high school, post high school or college honors, distinctions or activities, licenses, certifications or professional development which you feel we should know about when considering your application. You may exclude any organizations or activities which indicate race, color, religion, sex, national origin or sexual orientation.

Please check the areas below where you have experience or training if they apply to the position for which you are applying:

Office Equipment/Software

Do you have experience in working with any of the following:

Microsoft Office: Outlook Excel Word Power Point Other _____

Accounting Software: (Please list) _____

AutoCad: (Version) _____ Revit Other: _____

PRIOR WORK HISTORY

Answer all questions fully. Give the name of your current or most recent employer first. Include military experience with other employment history.

May we contact your current employer? Yes No Not presently

Current or Most Recent Employer

Name of Employer		Business Telephone No. ()	Starting Date	Last Date of Employment
City		State	Last Supervisor's Name and Title	
Starting Position	Starting Position Salary \$	Ending Position		Ending Position Salary \$

Reason for Leaving

Describe Position Duties

Former Employer

Name of Employer		Business Telephone No. ()	Starting Date	Last Date of Employment
City		State	Last Supervisor's Name and Title	
Starting Position	Starting Position Salary \$	Ending Position		Ending Position Salary \$

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Starting Position	Starting Position Salary \$	Ending Position		Ending Position Salary \$
Reason for Leaving				
Describe Position Duties				

References

Please use former supervisors, coworkers, instructors who are familiar with your work.

Name	Type of Acquaintance	Home Telephone No. ()	Business Telephone ()
Current Address (City, State)		Employer	Position
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Current Address (City, State)		Employer	Position
Name	Type of Acquaintance	Home Telephone No. ()	Business Telephone ()
Current Address (City, State)		Employer	Position

Driving

Please complete driver license information **ONLY** if the position for which you are applying includes the operation of a vehicle. Driving records will be considered only when driving for company business or if a job requirement.

Driver's License No. _____

State _____

The following information is necessary for the company to obtain investigative reports:

Previous Name/Maiden Name: Last Name _____ First Name _____ Middle Name _____

Date of Name Change _____ Social Security Number Change _____

Pre-employment Statement

(Please read carefully and sign the statement below.)

I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application or any other materials or information provided during any interviews can be justification for refusal of employment or, if employed, termination from Molin Concrete Products Company.

Any offer of employment I may receive from Molin Concrete Products Company is contingent upon my successful completion of the company's total pre-employment screening process, including my satisfactory completion of any post-offer pre-employment medical examination that the company may require. I hereby consent to having the results of any post-offer pre-employment medical exams I may be required to take disclosed to Molin Concrete Products Company.

In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer investigative report (including a report from the Bureau of Criminal Apprehension) for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, and criminal record. I understand that upon written request to the Company, I will be informed whether a consumer investigative report was requested and given the name of the agency providing the investigation.

I understand that as a condition of employment, I am required to undergo and successfully pass a drug test. I also understand and agree that, if employed, I am subject to the Company's All Employee Drug and Alcohol policy at all times while working and its DOT policy if applicable. I hereby consent to having the results of any such drug test I may be required to undergo disclosed to Molin Concrete Products Company.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason(s) for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing Molin the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the company. I understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, including the President of the Company, has any authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement different from or contrary to "at-will" employment.

This authorization is valid for one year from this date and any inquiries made after that date will require a new signed release.

No Yes I would like a copy of any written background report regarding me.

Signature

Date