



P.O. Box 948  
 210 East 8th Street S.  
 Virginia, MN 55792

# Application for Employment

phone: (218) 741-1083

www.tritecmn.com

<i>Please fill out completely. Type your information or hand print using black or blue ink pen.</i>				<b>Last Name, First Name, Initial:</b>	
<b>Personal Information</b>					
Name (Last, First, MI)		Today's Date	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address					
City, State, Zip					
Home Phone Number		Work Phone Number			
Cell Phone Number		E-mail Address			
Driver's license number / state / expiration <i>(if job involves any driving)</i>		Are you a Union Member? If so, what Union?			
<b>Employment Desired</b>					
Position applied for					
How did you hear about this position?					
Date available for work		Desired hours (full time, part time, etc.)			
<b>Education</b>					
	Name of School	City, State	Degree / Diploma	<b>Today's Date:</b>	
High School					
College / Trade School					
Other (Specify)					
Military Experience / National Guard:					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space for this or any other question on this application, please use page 7). ----- -----					

Please continue on next page →

## Employment History

List below all present and past employers over the past five (5) years, starting with your **current or most recent** employer. **Account for all periods of unemployment.** You must complete this section even if attaching a resume.

1. Name of Employer (Current?  Yes  No) (May we contact?  Yes  No)

			Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
Address					1.
City, State, Zip			Starting Pay	Ending Pay	2.
Phone Number	Fax Number	Job Position			3.
Supervisor(s)		Supervisor's Phone or E-mail Address			4.
Reason(s) for leaving (or wanting to leave if currently employed.)					5.
What value did you add to this company or its customers?					
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2. Name of Employer (Current?  Yes  No) (May we contact?  Yes  No)

			Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
Address					1.
City, State, Zip			Starting Pay	Ending Pay	2.
Phone Number	Fax Number	Job Position			3.
Supervisor(s)		Supervisor's Phone or E-mail Address			4.
Reason(s) for leaving (or wanting to leave if currently employed.)					5.
What value did you add to this company or its customers?					
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3. Name of Employer (Current?  Yes  No) (May we contact?  Yes  No)

			Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
Address					1.
City, State, Zip			Starting Pay	Ending Pay	2.
Phone Number	Fax Number	Job Position			3.
Supervisor(s)		Supervisor's Phone or E-mail Address			4.
Reason(s) for leaving (or wanting to leave if currently employed.)					5.
What value did you add to this company or its customers?					
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Please continue on next page →

**Employment History - Continued**

4. Name of Employer (Current?  Yes  No) (May we contact?  Yes  No)

Address		Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
City, State, Zip		Starting Pay	Ending Pay	1.
Phone Number	Fax Number	Job Position		2.
Supervisor(s)		Supervisor's Phone or E-mail Address		3.
Reason(s) for leaving (or wanting to leave if currently employed.)				4.
What value did you add to this company or its customers?				
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5. Name of Employer (Current?  Yes  No) (May we contact?  Yes  No)

Address		Start Date Month/Year	End Date Month/Year	Essential job functions of final position with this company:
City, State, Zip		Starting Pay	Ending Pay	1.
Phone Number	Fax Number	Job Position		2.
Supervisor(s)		Supervisor's Phone or E-mail Address		3.
Reason(s) for leaving (or wanting to leave if currently employed.)				4.
What value did you add to this company or its customers?				
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**Additional Information**

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.	
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Identify formal job training that relates to this position:	
Identify what skills or certifications you possess related to this position:	
If hired, what value would you bring to our company?	
Describe what you believe are the most unique features of your work history:	

Please continue on next page →

<b>Additional Information - Continued</b>	
Have you ever been employed with this company before? If Yes, dates of employment _____ to _____	___ Yes ___ No
Do you have any friends or relatives employed by this company? If Yes, please provide name(s) and relationship(s) to you _____	___ Yes ___ No
Are you currently employed? If yes, may we contact your employer? Are you currently on "lay off" status and subject to recall?	___ Yes ___ No ___ Yes ___ No ___ Yes ___ No
If hired, can you provide proof of U.S. citizenship or proof of your legal right of work in the U.S.?	___ Yes ___ No
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?	___ Yes ___ No
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "DUI"?	___ Yes ___ No _____ N/A
If hired, do you have a reliable means of transportation to and from work?	___ Yes ___ No
If hired, would you be able to travel or work overtime or weekends as needed?	___ Yes ___ No
If hired, a background check may be requested, is there anything you would like to explain at this time?  (A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.) If Yes to above question, you may explain below, if desired.	

<b>References</b>	
List below three persons not related to you who have knowledge of your work performance within the last 5 years.	
1. Name ( <input type="checkbox"/> Personal <input type="checkbox"/> Professional)	Occupation
Company Name	Address, City, State, Zip
Telephone	E-mail
Relationship & Years Acquainted	
2. Name ( <input type="checkbox"/> Personal <input type="checkbox"/> Professional)	Occupation
Company Name	Address, City, State, Zip
Telephone	E-mail
Relationship & Years Acquainted	
3. Name ( <input type="checkbox"/> Personal <input type="checkbox"/> Professional)	Occupation
Company Name	Address, City, State, Zip
Telephone	E-mail
Relationship & Years Acquainted	