

Ph. (507) 235-6779 Fax. (507) 235-6722

#### **APPLICATION FOR EMPLOYMENT**

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank**. Be sure to sign when completed. Beemer Companies is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed**. **Resumes will not be accepted in lieu of applications**, unless specifically stated in job vacancy notice. Please return by mail, fax or email.

Position(s) applied for	Location	on		Date		
Last Name	First N	lame		M.I.		
Street Address				Apartment/ Unit #		
City	State		Zip Code	Cell Phone		
Home Phone	<u> </u>	Email Address				
Date Available for Work	Social Secu	urity No.		Desired Salary		
Are you willing to work hours other than 8-5? YES ☐ NO ☐	Full-Time Part-Time Summer Temp/Project					
What days are you unable to work?	Are you willing to Travel? YES \( \subseteq \text{NO} \subseteq \)  If yes, what percent of time?					
Current Driver's License #  (state) (number)	Commercial Driver's License YES NO					
Are you at least 18 years of age? YES NO	Geographic preference. (Be specific city/area. If no preference, write "statewide,")					
How did you hear about this position?	Are you related to anyone who works for Beemer Companies  YES NO What is that relationship?					
Have you ever worked for this company before?   YES  NO If so, when?						
Are you legally eligible for employment in this country?						
Answering "yes" to the following question does not constitute an automatic bar to employment. The seriousness and nature of the violation, rehabilitation, and the position applied for will be taken into account.						
Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime YES NO						
If yes, please provide date(s) and details						
The following question is not designed to elicit information about an applicant's disability. Please do not provide information about a disability, particular accommodations, or whether accommodation is necessary. These issues may be addressed at a later time or as required by law.						
Are you able to perform the full functions of the position you are applying for (with or without special accommodation)?						
☐ YES ☐ NO ☐ Need more information about the essential "functions" to answer this question.						



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EDUCATION						
High School			City		State	
Did you Graduate? YES ☐	NO 🗆		Highest Grade			
College			City		State	
Did you Graduate? YES	NO 🗆		Degree			
Other			City		State	
Did you Graduate? YES ☐	NO 🗆		Degree			
If a license, certificate, or other  LICENSE/CERTIFICATION (CDL, Pipe layers, OSHA, Fork lift)	Date issued	Date Date expires		the position for which you are applying, complete the following:  Issued by/Location of issuing authority (State or other authority) (City & State)  Licens		
Special Training/Skills/Qualifica as calculators, heavy equipment,					es or office equipment y	ou can use, such
MILITARY SERVICE						
Branch				From	То	
Rank at Discharge				Type of Disc	charge	
If other than honorable, explain				1		



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PREVIOUS EMPLOYMENT							
Company			Phone ( )				
City State				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
From	То	Reason for Leaving					
May we contact y	our previous supe	ervisor for a referen	ce? YES 🗌	NO 🗌 LATER			
Responsibilities a	and Experience						
Company				Phone ( )			
City		State		Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
From	То	Reason for Leavin	ng				
May we contact y	our previous supe	ervisor for a referen	ce? YES 🗌	NO   LATER			
Responsibilities a	nd Experience						



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Company				Phone ( )			
City State				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
From	То	Reason for Leavir	ng				
May we contact yo	our previous supe	ervisor for a referen	ce? YES	NO  LATER			
Responsibilities a	nd Experience						
•							
Company				Phone ( )			
City State			Supervisor				
Job Title			Starting Salary	\$	Ending Salary	\$	
From	То	Reason for Leavir	ng				
May we contact yo	our previous supe	ervisor for a referen	ce? YES	NO  LATER			
Responsibilities and Experience							



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#### **APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 120 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration and that the company can change wages, benefits and conditions at any time. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employers' president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. This Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in immediate discharge from the employer's services, whenever it is discovered.

I understand that Beemer Companies may require the successful completion of a drug and/or alcohol test and a background check as a condition of employment.

<b>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</b> I certify that I have read, fully understood and accept all terms of the foregoing Applicant Statement.	
Signature of Applicant Date	_