

Application for Employment



Willmar Fabrication, LLC
2205 Hall Ave Benson, MN 56215
Attn: Human Resources Manager
877-332-2551

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(Please Print)

Position(s) Applied For: <input type="checkbox"/> Office <input type="checkbox"/> Assembly <input type="checkbox"/> Fabricating <input type="checkbox"/> Material Handler <input type="checkbox"/> Welding <input type="checkbox"/> Shipping <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____		Shift Applied For: <input type="checkbox"/> Day <input type="checkbox"/> Second <input type="checkbox"/> Night Available to Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal-Dates _____ <input type="checkbox"/> Student-Dates _____		<u>Date of Application</u>
Last Name		First Name		Middle Name
Address		Street	City	State Zip Code
Telephone Number(s) Home ____ - ____ - ____ Work ____ - ____ - ____ Cell ____ - ____ - ____				

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If Yes, give date _____

Have you been employed with us before?

☐ Yes ☐ No

If Yes, give date _____

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

On what date would you be available for work? _____

Can you travel if a job requires it?

☐ Yes ☐ No

Employee Referral From: _____

EDUCATION AND EXPERIENCE

	Name and Location	Graduate	Field of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or business school		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any specialized training, Apprenticeship, skills and extra-curricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application			

REFERENCES: Professional/Educational

Give name & telephone number of three references that are not related to you.	
1.	_____ _____
2.	_____ _____
3.	_____ _____

EMPLOYMENT HISTORY

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, handicap or other protected status.

If you need additional space, please continue on a separate sheet of paper.

Employer		<u>Dates Employed</u> From: __ - __ - ____	Work Performed
Address		To: __ - __ - ____	
Telephone Number(s)		<u>Hourly Rate:</u> Starting:	
Job Title	Supervisor	Final:	
Reason for Leavin			
Employer		<u>Dates Employed</u> From: __ - __ - ____	Work Performed
Address		To: __ - __ - ____	
Telephone Number(s)		<u>Hourly Rate:</u> Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			
Employer		<u>Dates Employed</u> From: __ - __ - ____	Work Performed
Address		To: __ - __ - ____	
Telephone Number(s)		<u>Hourly Rate:</u> Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			
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Address		To: __ - __ - ____	
Telephone Number(s)		<u>Hourly Rate:</u> Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			
Employer		<u>Dates Employed</u> From: __ - __ - ____	Work Performed
Address		To: __ - __ - ____	
Telephone Number(s)		<u>Hourly Rate:</u> Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			

Additional Information: Complete **only if** you are applying for the positions of weld, fabrication, material handling or large assembly positions--the job descriptions require lifting. The prospective employee must pass a back screen to qualify for these positions.

Are you able to perform the essential requirements of the job? Yes ☐ No ☐

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

APPLICANT'S STATEMENT

By signing or typing my name below:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks: _____

Employed: ☐ Yes ☐ No Date of Employment: _____ - _____ - _____

Hourly/Salaried

Job Title: _____ Rate: _____ Department: _____

By: _____

Name and Title

Date