
Employment Application – Steffes Corporation

3050 Hwy 22 N · Dickinson, ND 58601-9413 · Phone 483-5400 · Fax 456-7491 · Web www.steffes.com · Email steffes@steffes.com

- Print all information clearly, incomplete applications will not be processed
 - Pre-employment drug testing is required
 - Employment is subject to criminal background check
 - Steffes Corporation is a tobacco free & drug free workplace
-
-

Position applying for _____ Date: _____

Date available to start employment _____ Hourly/Salaried pay rate desired _____

Last name First name MI

Address City State Zip

Telephone Number Cell Phone Number Email Address

Have you submitted an application here before? ___ Yes ___ No

If yes, give dates: _____ to _____

Are you interested in ___ Full Time ___ Part Time ___ Temporary ___ Regular Employment?

What days/hours are you available to work?

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Hours Available for work: from _____ to _____

Are you at least 18 years of age? ___ Yes ___ No

Can you provide, if hired, that you are eligible to work in the United States? ___ Yes ___ No

LAST NAME _____ FIRST NAME _____

Education

Name/Address

Course of Study

Degree / Diploma Received

High School: _____

Trade/Tech School: _____

College/University: _____

Graduate School: _____

Specialized Training, Apprenticeship, Extracurricular Activities: _____

Specific job related skills and qualifications: licenses, skills, training awards:

Professional, Trade, Business, or Civic Organizations/Offices: _____

(Please exclude organizations that indicate race, color, religion, national origin, disability, or other protected classes)

Do you have any relatives or friends working for us? If so, please state their name, relationship, and department they work in: _____

Source of Referral: please check appropriate category and name the source

___ Steffes Employee _____ Job Service

___ School _____ Website

___ Advertisement _____ Walk-In

___ Job Fair _____ Other

References other than Previous Employers/Relatives: name, address, relationship, phone number:

LAST NAME _____ FIRST NAME _____

Present or Last Position held:

Name of Employer: _____ Phone Number _____

Address: _____ Dates of Employment: _____

Job Title: _____ Name of Supervisor _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

May we contact your present employer? ___ Yes ___ No

Previous Position:

1. Name of Employer: _____ Phone# _____

Address: _____ Dates of Employment: _____

Job Title: _____ Name of Supervisor _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

2. Name of Employer: _____ Phone# _____

Address: _____ Dates of Employment: _____

Job Title: _____ Name of Supervisor _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

3. Name of Employer: _____ Phone# _____

Address: _____ Dates of Employment: _____

Job Title: _____ Name of Supervisor _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

Duties: _____

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court?

Yes ___ No ___

- You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Do you have a valid drivers license? ___ Yes ___ No

If no, please explain _____

Can you provide proof of eligibility to work in the United States (i.e., Visa, Green Card, Social Security, and Driver's License)? ___ Yes ___ No

Are you currently on "layoff" status, subject to recall? ___ Yes ___ No

Applicant's Acknowledgement

This application shall be considered for no more than 90 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

I certify that answers give in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview (s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Applicant Signature

Date

Steffes Corporation is an Equal Opportunity Employer, and selects the best applicant that meets the needs of the position, regardless of race, color, national origin, sex, religion, age, or disability, or other protected status under applicable federal or state laws.

LAST NAME _____ FIRST NAME _____

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization**

I authorize **Steffes Corp.** and **PT Research, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

I understand that a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **PT Research Inc., 83 Hanover St., Manchester, NH 03101 Phone 1-866-737-2714 Attention: Compliance Officer.**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above named company, this authorization will remain in effect throughout such employment.*

Signature_____
Social Security Number_____
Date

*NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. **PLEASE PRINT CLEARLY.***

Last Name_____
First Name_____
Middle Name_____
Street Address_____
City_____
State_____
ZIP_____
Driver's License Number_____
State of License_____
Expires On_____
Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

NOTARY (IF REQUIRED)

State _____ County of _____

Signature _____ My Commission Expires on _____

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