
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 _____

