



Application for Employment

Date of Application: _____

APPLICANT INFORMATION				
Last Name:		First Name:		Middle Initial:
Street Address:			Apt/Unit #	
City:		State:	Zip:	Home Phone:
Cell Phone:		E-mail Address:		
Are you 18 years of age or older? Yes No			Are you either a U.S. citizen or alien authorized to work in the U.S.? Yes No	
Have you ever work for this company? Yes No			If so, when?	
POSITION APPLYING FOR				
Position Desired:		Wage Desired: \$ _____ Hourly Monthly Annually		
Do you prefer: Full-time Part-time			If part time, hours per week desired:	
Days of week available to work: Sun Mon Tues Wed Thurs Fri Sat				
Are you able to work: Weekends Holidays Nights Overtime				
EDUCATION				
High School:	Major:	Graduated? Yes No	Type of Degree:	
Technical School:	Major:	Graduated? Yes No	Type of Degree:	
College/University:	Major:	Graduated? Yes No	Type of Degree:	
Post-Graduate Education:	Major:	Graduated? Yes No	Type of Degree:	
Other education or training:				
ADDITIONAL INFORMATION				
Please list any additional skills you have that may be useful in the position you are applying for:				

Please Complete Information on the Back

2364 Highway 7, Lester Prairie, Minnesota 55354
 Phone: 320-395-0142 Fax: 320-395-2069
www.ritewayconveyors.com

WORK EXPERIENCE

Please list your past three (3) employers, beginning with your current (or most recent) employer.

Company/Employer:		Address:		Phone:
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From:	To:	Position Held:	Supervisor/Title:	May we Contact? Yes No
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Responsibilities:

Reason for leaving:

Starting Wage: \$ _____	Hourly	Monthly	Annually	Ending Wage: \$ _____	Hourly	<input type="checkbox"/> Monthly	Annually
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Company/Employer:		Address:		Phone:
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From:	To:	Position Held:	Supervisor/Title:	May we Contact? Yes No
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Responsibilities:

Reason for leaving:

Starting Wage: \$ _____	Hourly	Monthly	Annually	Ending Wage: \$ _____	Hourly	Monthly	Annually
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Company/Employer:		Address:		Phone:
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From:	To:	Position Held:	Supervisor/Title:	May we Contact? Yes No
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Responsibilities:

Reason for leaving:

Starting Wage: \$ _____	Hourly	Monthly	Annually	Ending Wage: \$ _____	Hourly	Monthly	Annually
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REFERENCES

Please provide three (3) professional references.

Full Name:	Address:
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Position/Title:	Company:
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Years Known:	Relationship:	Phone:
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Full Name:	Address:
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Position/Title:	Company:
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Years Known:	Relationship:	Phone:
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Full Name:	Address:
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Position/Title:	Company:
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Years Known:	Relationship:	Phone:
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AUTHORIZATION AND SIGNATURE

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature:	Date:
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