

MINNESOTA SPRAY-FOAM INSULATION
15396 183rd Street Little Falls, MN 56345
320-632-3626

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Minnesota Spray-Foam Insulation is an Equal Opportunity Employer. Minnesota Spray-Foam Insulation does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information

Applicant Name _____ Home Phone _____

Email Address _____ Other Phone: _____

Current Address: Number and Street _____

City _____ State & Zip _____

How were you referred to Minnesota Spray-Foam Insulation? _____

Employment Positions

Position(s) applying for: _____

Have you ever applied for work or worked for Minnesota Spray-Foam Insulation?

Yes No

If yes, please explain: _____

Are you applying for:

- Temporary work – such as summer or holiday work? Yes No
- Regular part-time work? Yes No
- Regular full-time work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? _____ / _____ / _____

Can you work on the weekends? Yes No

Can you work evenings? Yes No

Are you available to work overtime? Yes No

Salary desired: \$ _____

Personal Information

If hired, would you have transportation to/from work? Yes No

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes
No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

If hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

(Note: Minnesota Spray-Foam Insulation complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education, Training and Experience

High School

School Name: _____

Address: _____ City, State, Zip: _____

Number of years completed: _____ Did you graduate? Yes No

Degree / diploma earned: _____

College / University

School Name: _____

Address: _____ City, State, Zip: _____

Number of years completed: _____ Did you graduate? Yes No

Degree / diploma earned: _____

Vocational School

School Name: _____

Address: _____ City, State, Zip: _____

Number of years completed: _____ Did you graduate? Yes No

Degree / diploma earned: _____

Military

Branch: _____ Rank in Military: _____

Total Years of Service: _____ Skills/duties: _____

Related details: _____

Additional Information

Do you speak, write or understand any foreign languages? Yes No

If yes, list languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Yes No

If yes, please explain: _____

Employment History

Are you currently employed? Yes No

If you are currently employed, may we contact your current employer? Yes No

Below, please describe past and present employment positions, dating back five (5) years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____ City, State, Zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Yes No

Name of Employer: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____ City, State, Zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Yes No

Name of Employer: _____ Business Type: _____

Name of Supervisor: _____ Telephone Number: _____

Address: _____ City, State, Zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Yes No

If there has been a gap in employment of more than 6 months, please provide details below.

(Attach sheet if more space is needed)

References

List below, three (3) persons who have knowledge of your work performance within the last four (4) years. Please include professional references only.

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by Minnesota Spray-Foam Insulation, terms for my immediate expulsion from Minnesota Spray-Foam Insulation.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Minnesota Spray-Foam Insulation.

I permit Minnesota Spray-Foam Insulation to examine my references, record of employment, education record, and any other information I have provided. 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 Minnesota Spray-Foam Insulation, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____