



2003 14th Street NE Suite 106, Austin, MN 55912 (507) 437-3284

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, religion, color, sex, age, sexual orientation, national origin, disability, marital status or status with regard to public assistance.

PERSONAL	Last Name		First	Middle	Date		
	Street Address				Home Phone ( )		
	City, State, Zip				Cell Phone ( )		
	Have you ever applied for employment with us? Yes    No    If yes, month and year _____		Position Desired:		Social Security No.		
	Apart from absence for religious observance, are you available for full-time work? Yes    No    If not, what hours can you work? _____				Pay Expected		
	Are you legally eligible for employment in the United States?    ___ Yes    ___ No				Will you work overtime? _____ Yes    _____ No		
	Email Address:				When will you be available to begin work?		
	Emergency Contact: _____ Phone #: _____ Relationship: _____						
Other special training or skills (languages, machine operation, etc.)				Do you have a valid Driver's License?			
SCHOOL	High School	Name & Location of School		Course of Study	No. of Years Completed?	Did you Graduate?	Degree or Diploma
	College/Technical						
MILITARY	Complete this section if you served in the U.S. Armed Forces			Branch of Service			
	Describe your duties and any special training:			Rank of Discharge			
WORK EXPERIENCE	Name of Employer & Location		Job Description/Title		References - Phone No.	Time Employed	

The Joseph Company reserves the right to check any or all references relating to applicant's job qualifications and retains the right and has full right to terminate employment to applicant at any time if information on this application is falsified. The Joseph Company is an at-will employer, which allows termination by employer and employee at anytime, with or without cause.

**AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**



---

---

**General Information:**

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. Citizenship or verification of your legal right to work in the U.S.?  Yes  No
2. If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the State?  Yes  No
3. Are you over 18 years of age?  Yes  No
4. If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?  Yes  No  N/A
5. Are you willing to work overtime if requested?  Yes  No  N/A

---

**APPLICANT'S STATEMENT**

---

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I authorize the Company and any consumer or credit reporting agency or bureau employed by the Company to make a consumer credit report in connection with this application. In the event I receive an offer for employment, I further authorize any physician or hospital to release any information that may be necessary to determine my ability to perform the essential functions of the job with or without reasonable accommodations and to do so without creating substantial harm to others or myself.

I understand that if I receive an offer of employment, it may be conditioned on my taking a drug/alcohol test. I may also be required to take such a test after the Company employs me. I understand that, should any such test indicate the presence of drugs or alcohol in my system (or should I refuse to take such a test), it may result in rejection of my application for employment or my immediate discharge. I consent to this testing and request that the results of any such test be disclosed to the Company. I hereby covenant not to sue and release the Company, its employees, owners and agents, from any and all legal liability flowing from my taking such tests or my failure or refusal to take such test.

I understand that nothing contained in this application, or conveyed during an interview which may be granted, is intended to create an employment contract. I further agree that if I am hired, my employment is for no definite period and may be terminated at any time, without prior notice, at the option of either the Company or myself. I further understand that no representative of the Company has the authority to make assurances to the contrary.

If hired, I agree to abide by all Company work rules, policies and procedures relating to work performance conduct.

I understand that according to federal law all individuals who are hired must as a condition of employment, produce certain documentation to verify their identity and U.S. Citizen status or if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the period required by law.

---

(Signature of Applicant)

---

Date



## MOTOR VEHICLE REPORT AUTHORIZATION FORM

In connection with your application for employment, or employment as a driver with The Joseph Company Inc., we will obtain a Motor Vehicle Report to verify your driving record. Please sign below and provide us with your authorization to procure this report.

### AUTHORIZATION

I authorize The Joseph Company Inc. to obtain a Motor Vehicle Report in connection with my application for employment, or employment.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Applicant/Employee Name (Printed)

\_\_\_\_\_  
Driver's License Number & State

\_\_\_\_\_  
Date of Birth



This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete this questionnaire.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

Applicants are considered for all positions for which they apply. Employees are treated equally without regard to race, color, religion, sex, national origin, age, sexual preference, marital or veteran status, medical condition or handicap.

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source:  Advertisement       Friend       Relative       Walk In  
 Employment Agency       Current Employee       Other

---

---

### AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the age, sex, ethnicity, handicap and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

**Check one:**       Male       Female      Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Race/Ethnic Group:**

White    Black    Hispanic    Asian/Pacific Islander    American Indian/Alaskan Native

**Physical Condition:**

No Handicap       Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)  
 Physically Handicapped       Mentally Handicapped (Learning Disability, etc.)

**Veterans Status:**

Non-Veteran       Veteran       Disabled Veteran       Vietnam Veteran