



Today's Date: _____

Application for Employment

(An Equal Opportunity Employer)

FORM #7060, REV F 09/08/2010

Answer all questions as completely as you can. It is likely that your application may not be considered if every question is not answered. TWF will make every effort to verify past employment so be sure to provide current phone numbers for your past employers, as well as the references you provided. Do not forget to sign your completed application. Write "N/A" for items that are not applicable.

PERSONAL INFORMATION	
NAME: _____ Last First MI	POSITION DESIRED: _____
ADDRESS: _____ Street City State ZIP	
HOME PHONE NUMBER: _____	CELL PHONE NUMBER: _____
ARE YOU CURRENTLY EMPLOYED? YES NO	E-MAIL: _____
Are you legally eligible to work in the U.S.? (Circle One) YES NO	Have you ever applied for a position at our company? (Circle One) YES NO
Are you 18 years of age or older? (Circle One) YES NO	If Yes, When: _____
<i>Hiring is subject to verification that applicant meets legal age & U.S. work permit requirements.</i>	
US MILITARY OR NAVAL SERVICE: _____ RANK: _____	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____
Have you since age 18 or within the last 7 years (whichever is more recent) ever been convicted of a felony? If YES, provide date, location, and offense(s). (a conviction does not necessarily prevent you from employment) YES NO	
EMPLOYMENT DESIRED	
AVAILABLE START DATE: _____	SALARY REQUIREMENTS: _____
HOW LONG WILL YOU NEED THIS JOB? (circle) 3 MONTHS 6 MONTHS 1 YEAR 2 YEARS 3 YEARS 5 YEARS +	
PLEASE EXPLAIN YOUR CHOICE: _____	
NAMES OF RELATIVES THAT WORK AT TWF IF APPLICABLE: _____	
DO YOU HAVE OTHER WORK THAT WOULD CONTINUE IF EMPLOYED BY US: YES NO	
HOW DID YOU HEAR ABOUT OUR JOB OPENING? (circle all that apply)	
<input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Jobs HQ <input type="checkbox"/> Company Visit <input type="checkbox"/> Employee Referral (who) _____ <input type="checkbox"/> Minnesotaworks.net	
OUR COMPANY REQUIRES REGULAR ATTENDANCE AND PUNCTUALITY. ARE YOU ABLE TO ATTEND WORK REGULARLY AND ON TIME? (circle one) YES NO	
DAYS AVAILABLE FOR WORK: (circle all that apply)	
<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	
SHIFT DESIRED: _____	1st Shift: Mon-Friday 6:30am - 4:00pm or 5:00pm _____ 2nd Shift: Mon-Thursday 5:00pm - 3:30am or 4:30am
ANY TYPE OF WORK WHICH YOU WILL NOT DO: _____	

EDUCATION/SKILLS

Please circle your highest achieved level of education 8 9 10 11 12 13 14 15 16 +

	Name of School	City/State	Major Subjects	Degree/Diploma
High School				
Trade/Tech School				
College				
College				
Graduate School				
Other				

SPECIAL TRAINING OR SKILLS

Please list any other special training, skills, and certificates which would tell us more about your qualifications for this job:

Please check all areas in which you are experienced:

- | | | |
|---|---|---|
| <input type="checkbox"/> Forklift Operator (License Type _____) | <input type="checkbox"/> Micrometer | <input type="checkbox"/> Sanding/Filing |
| <input type="checkbox"/> Inventory | <input type="checkbox"/> Packing/Wrapping | <input type="checkbox"/> Assembly |
| <input type="checkbox"/> Blueprint Reading | <input type="checkbox"/> Inspection/Quality Control | <input type="checkbox"/> Sand Blasting |
| <input type="checkbox"/> Shipping/Receiving | <input type="checkbox"/> Silk-Screening | <input type="checkbox"/> Masking |
| <input type="checkbox"/> Hoist Operator | <input type="checkbox"/> Spray Paint (Type _____) | <input type="checkbox"/> Hanging materials on conveyor line |
| <input type="checkbox"/> Caliper | <input type="checkbox"/> Powder Coating | <input type="checkbox"/> Veneer |
| <input type="checkbox"/> Computer (List programs used below) | | |

EMPLOYMENT HISTORY

Please begin with your most recent job, and fill in your work history. If you need more pages to describe your work history, please attach them to this application form.

Employer		Address	Dates Employed:	
Supervisor	Phone		Start:	
May we contact? YES NO		Position Held	End:	
Major Duties:				
Reason for Leaving:			Beginning Wage:	
			Ending Wage:	

Employer		Address	Dates Employed:	
Supervisor	Phone		Start:	
May we contact? YES NO		Position Held	End:	
Major Duties:				
Reason for Leaving:			Beginning Wage:	
			Ending Wage:	

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Employer		Address	Dates Employed:	
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Major Duties:				
Reason for Leaving:			Beginning Wage:	
			Ending Wage:	

Which of these positions did you like most? _____

Why? _____

WORK AND PROFESSIONAL REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	Current Phone #	Business	Length of working relationship
1	()		
2	()		
3	()		

Please rate yourself on a scale of 1- 10 with 10 being the highest rate. Please circle the number.

Positive Attitude	1 2 3 4 5 6 7 8 9 10
Early Riser	1 2 3 4 5 6 7 8 9 10
Work Ethic	1 2 3 4 5 6 7 8 9 10
Team Player	1 2 3 4 5 6 7 8 9 10
Problem Solver	1 2 3 4 5 6 7 8 9 10
Sense of Urgency	1 2 3 4 5 6 7 8 9 10

CERTIFICATION & AGREEMENT – READ CAREFULLY AND SIGN

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OF WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OF WITHOUT CAUSE, AND WITH OF WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE _____ SIGNATURE _____

NOTICE TO APPLICANTS:

AS PART OF THE HIRING PROCESS, EMPLOYMENT OFFERS FOR ALL POSITIONS ARE CONDITIONED UPON SUCCESSFUL COMPLETION OF DRUGS OF ABUSE TESTING. WHEN REQUIRED FOR CERTAIN POSITIONS, JOB OFFERS WILL ALSO BE CONDITIONED UPON SUCCESSFUL COMPLETION OF A PHYSICAL PRE-PLACEMENT EVALUATION TESTING, AS WELL AS A BACKGROUND CHECK AND CREDIT CHECK.