



13792 – 247th Avenue NW
Zimmerman, MN 55398

Phone: 763-274-0925
Fax: 763-274-0928

Application for Employment – Office Personnel

Date: _____
Name: _____
Address: _____ Date of Birth: _____
_____ Phone: _____

Do you have lawful proof you can work in the US? Yes/No

Have you ever worked under another name? Yes/No

If yes please list name: _____

Do you have a valid Driver's License? Yes/No Class: _____

License # _____ State _____ Expiration Date: _____

Education History: Please check the levels completed

- Elementary
- High School
- College/Tech School
 - 1 year
 - 2 years
 - 3 years
 - 4 years

Name of College or Vo. Tech Attended?

Continuing Education classes?

Degree Earned? _____

Availability? How many hours are you available to work?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM:							
TO:							

What is your desired pay? \$_____/hr Are you available for overtime? Yes/No

Have you worked in any of the following industries?

Excavating	Yes/No	Rolloff/Dumpsters	Yes/No
Septic Systems	Yes/No	Administration	Yes/No
Construction	Yes/No	Customer Service	Yes/No

Have you worked in the following job fields?

Customer Service	Yes/No	Marketing	Yes/No
Sales	Yes/No	Dispatch	Yes/No

On a scale of 1–5 rate your knowledge of the following applications/operating systems:

	I have no experience with this application				I am an expert in this application
Windows 7	1	2	3	4	5
Microsoft Word 2010	1	2	3	4	5
Microsoft Excel	1	2	3	4	5
Microsoft Access	1	2	3	4	5
Microsoft Outlook	1	2	3	4	5
QuickBooks 2010 or newer	1	2	3	4	5
QuickBooks Inventory	1	2	3	4	5
DropBox	1	2	3	4	5
Google Chrome	1	2	3	4	5
Firefox	1	2	3	4	5

List any other programs your have worked with and your skill rating

- | | | | |
|----------|---------------|----------|---------------|
| 1. _____ | Rating: _____ | 3. _____ | Rating: _____ |
| 2. _____ | Rating: _____ | 4. _____ | Rating: _____ |

Describe any special qualities and expand on above skills listed. Give us a brief description about yourself. (Use extra paper if needed.)

Previous Employment:

1. **Most Recent Previous/Current Employer:** _____

Start date: _____ End date: _____

Address: _____

Phone: _____ Manager Name: _____

Are you on leave of absence or have you been laid off from this company? Yes/No

Can we contact this employer? Yes/No If no, why? _____

2. **Previous Employer:** _____

Start date: _____ End date: _____

Address: _____

Phone: _____ Manager Name: _____

Can we contact this employer? Yes/No If no, why? _____

Are you eligible for recall to any other company? Yes/No

If Yes, what company? _____

References:

Please list three (2) references: they can be personal or work related, NO Relatives please.

1. Name: _____

Phone: _____

How long have you known them: _____

Relationship to reference: _____

2. Name: _____

Phone: _____

How long have you know them: _____

Relationship to reference: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name: _____

Phone: _____

Relationship to contact: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

Your employment with Steinbrecher Companies, Inc will be at-will unless a duly authorized employment agreement with SCI provides otherwise. An at-will employment relationship means that both you and SCI have the right to terminate your employment at any time. No supervisor, manager, or representatives of the Company, other than the President or Vice President, has the authority to change your at-will status, enter in to any agreement for employment for any specified period, or make any promise or commitments contrary to the foregoing. SCI is an Equal Opportunity Employer

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered, subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made. This will be required as a condition of employment. I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

Signature _____

Date _____