



5741 Old Highway 61
Duluth MN 55810

Phone: 218-624-1234
Fax: 218-624-0599

St. Germain's Cabinet, Inc. is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

APPLICANT INFORMATION

Last Name	First	M.I.	Date		
Street Address		Apartment/Unit #			
City	State	ZIP			
Phone	E-mail Address				
Date Available	Social Security #		Desired Salary		
Position Applied for					
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Internet Site		<input type="checkbox"/> Friend	
<input type="checkbox"/> Relative		<input type="checkbox"/> Walk-In		<input type="checkbox"/> Other	
Have you ever filed an application with us before? <i>If yes, provide date(s).</i>			Date: _____		
Are you 18 years of age or older?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you legally permitted to work in the United States? <i>Note: Proof of eligibility will be required within three working days of employment.</i>				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Are you currently on "lay-off" status and subject to recall?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid driver's license?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you willing to take drug tests at St. Germain's request?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been involuntarily terminated from a job?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If Yes, please explain:</i>	

EDUCATION

High School	Location				
Years Completed	Degree/GPA	Diploma obtained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College	Location				
Years Completed	Degree/GPA	Diploma obtained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College	Location				
Years Completed	Degree/GPA	Diploma obtained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

REFERENCES*Please list three professional references.*

Name		Phone		Years Known	
Name		Phone		Years Known	
Name		Phone		Years Known	

PREVIOUS EMPLOYMENT – Begin with most recent first

Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

ADDITIONAL INFORMATION

Can you perform all necessary job functions with or without reasonable accommodation?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please list any licenses or certifications you possess.						

MILITARY SERVICEHave you ever served in the military? *(If "no", please skip the rest of this section.)*YES NO

What was the length of your military service?

Years

Months

What was your rank at time of discharge?

What type of training and work experience did you receive while in the military?

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize St. Germain's Cabinet, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release St. Germain's Cabinet, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

FOR HUMAN RESOURCE DEPARTMENT USE ONLYArrange Interview? Yes No

Remarks: _____

INTERVIEWER: _____ DATE: _____

Employed? Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary _____ Department _____

Notes:



Employment Application

AFFIRMATIVE ACTION INFORMATION

Applicant Name: _____ Date: _____

The name of the position(s) you are applying for: _____

Voluntary Affirmative Action Information (completion of information below is voluntary).

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this data survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

- Check One: Male Female
- Check One: American Indian/Alaskan Native Asian/Pacific Islander
- Black Hispanic White

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran Disabled Veteran Individuals with Disabilities

To be completed by the applicant
NOT FOR INTERVIEW PURPOSES

This information is used to satisfy the Affirmative Action requirements of section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.