

Application for Employment



We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

☐ Yes ☐ No If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No Have you ever been employed with us before?
If yes, give date _____

☐ Yes ☐ No Do any of your friends or relatives, other than spouse, work here?
If yes, state name, relationship and location _____

☐ Yes ☐ No Are you currently employed?

☐ Yes ☐ No May we contact your present employer?

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full Time (Please indicate 1 2 3 shift)
☐ Part Time (Please indicate Mornings Afternoon Evenings)
☐ Temporary (Please indicate dates available ____/____ - ____/____)

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Education

School	Name and Address of School	Course of Study	Years Completed	Diploma /Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.

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Describe any specialized training, apprenticeship, skills and extracurricular activities.



Additional Information

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience.)

Right to Work Documents

To assist us in complying with the Immigration Reform and Control Act of 1986, please **CIRCLE** all of the following documents which you have proving your right to work in the United States:

U.S. Passport

U.S. Birth Certificate

Certificate of Naturalization

Social Security Card

Certificate of U.S. Citizenship

Drivers' License

Other Picture Identification

Other documents (list) _____

U.S. Military Service? Yes ____ No ____ If yes, which branch of service: _____

Service Dates: From _____ To _____ Currently member of National Guard or Reserves? Yes ____ No ____

Driving Record (optional)

(Applicant should complete this portion if position requires driving)

Type of driver's license you hold: ☐ Operator ☐ Commercial Operator ☐ Chauffeur

State issued by _____ Expiration Date: _____

If your driver's license has been revoked or suspended in the last 10 years, please explain why: _____

Explain any restrictions on your license: _____

List any recent moving traffic violations or accidents (past 3 years):

Month/Year	Description of violation or accident

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

☐ Yes ☐ No Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Personal/Professional References

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by 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 of Applicant

Date

PERSONNEL TEST

Applicant: Please print all answers & complete every question. If you require an individual for assistance or any direction, please contact personnel director.

1. Add the following:

		56.97			.24
		6.57		32.01	.97
	4.98	58.32	1.98	9.49	.08
4.75	7.59	1.78	42.21	17.27	1.29
+ 3.79	+ .98	+ 64.89	+ 8.43	+ 27.37	+ .36

2. Multiply the following:

17.59	9.87	12.98	32.41
x 3	x .04	x 5	x 7

3. Subtract the following:

1.49	119.87	4.98
- .93	- 29.78	- 1.29

4. Determine the discount to be given and how much the customer will pay after the 10% discount is deducted: (Round off to the nearest cent)

Regular Price	10% discount	Amount to be paid by the customer
\$15.49	_____	_____
\$21.17	_____	_____

5. A customer wishes to purchase a case of liquid cleaner. A bottle of cleaner sells for \$1.39 and a case holds 24 bottles. How much will we charge the customer for the full case? _____

6. What would a customer pay for "one" item of a multiple price item in the following cases? Round your answer up to the next whole cent.

3 for \$.79 _____ 3 for \$.89 _____ 5 for \$.99 _____

7. How many inches in $\frac{3}{4}$ of 1 yard? _____

8. How many sq. ft. in a 20' by 80' house? _____

9. How many of the five items listed are exact duplicates of each other?

7362	7363
62735	63737
527182	527182
918264	918264
1628357	1638357

Number _____

10. Answer the questions after reading the following paragraph:

For nineteen years we've had the privilege of supplying Books & Sons with Swedish wood pulp for processing. Then you stopped ordering, and your absence has been noticeable. We try to do our very best in servicing all of our customers and would very much like to know why you have stopped ordering from us. Our sales representative will be calling on your area Tuesday, May 15th, and will stop by to find out what we can do to be of service to you in the future.

A) How many years has Books & Sons been ordering wood pulp? _____

B) When will the sales representative call on Books & Sons? _____

C) What has Books & Sons done to cause this company concern? _____