

**THIS APPLICATION MUST BE COMPLETED, IN FULL.** It will be valid for ninety (90) days. If you wish to be considered for employment after the 90 day period, a new application must be completed.

In compliance with Federal and State Equal Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or disability.

**FORSGREN, INCORPORATED AND AFFILIATES**  
**An Equal Opportunity Employer**

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE NO. \_\_\_\_\_ Are you 18 Years or Older? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT DESIRED**

Job Classification(s) You are applying for: \_\_\_\_\_

Describe your experience/years in that position \_\_\_\_\_  
\_\_\_\_\_

Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you Employed Now? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, May We Inquire of Your Present Employer? \_\_\_\_\_

Have you Ever Been Employed By This Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Where and When \_\_\_\_\_

**GENERAL**

Highest Level of Education Obtained: \_\_\_\_\_

Subjects of Special Study or Research Work \_\_\_\_\_

Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Note: This information will not necessarily bar you from employment.

Present Membership in National Guard or Reserves? \_\_\_\_\_

Is there any reason you might be unable to perform the function of the job for which you have applied (as described in the job description manual)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Explain, if you wish \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, List your class, endorsements, and restrictions: \_\_\_\_\_

**FORMER EMPLOYERS** (List last three, starting with most recent)

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Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_  
Address/Phone \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Type of work Performed: \_\_\_\_\_

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Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_  
Address/Phone \_\_\_\_\_ To: \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Type of work Performed: \_\_\_\_\_

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Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_  
Address/Phone \_\_\_\_\_ To: \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Type of work Performed: \_\_\_\_\_

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Have You Ever Been Convicted of a Crime, other than a minor traffic violation? \_\_\_\_\_

**If yes, Explain**

NOTE: A prior conviction will not necessarily bar you from employment; however, the type of conviction and when it occurred will be considered.

**PERSONAL REFERENCES:** (Give the names of two people not related to you, whom you have known at least one year).

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

## CERTIFICATION

"I certify that the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice, and that, absent a written contract signed by the President of the company, I will remain an at-will employee and can be terminated at any time without any notice.

I authorize investigation of the statements contained herein and the reference listed above to give you any and all information concerning my previous employment and any pertinent information such references may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that if the company decided to engage an investigative consumer reporting agency to report on my credit and personal history, the company will provide me, at my request, with the name and address of the agency so that I can obtain from them the nature and substance of the information contained in the report.

I authorize the company to obtain and review my motor vehicle records on a regular basis, if I drive a company-owned vehicle. I will annually provide proof of a valid driver's license.

I affirm that everything is true and correct, and I acknowledge that I can be terminated at any time if turns out that any information I supply is false. I affirm that I have a genuine intent and no other purpose in applying for a job with the company.

I have read the Forsgren Inc. Job Classification Job Manual and certify that I meet the requirements of the classification for which I am applying both physically and mentally.

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Signature

Date

## VOLUNTARY INFORMATION

### TO BE COMPLETED BY APPLICANT

IN ORDER TO COMPLY WITH REPORTING REQUIREMENTS UNDER FEDERAL LAW, WE ASK YOU TO VOLUNTARILY COMPLETE THIS FORM. THE INFORMATION REQUESTED WILL BE KEPT CONFIDENTIAL AND A REFUSAL TO PROVIDE THE INFORMATION WILL NOT AFFECT YOUR OPPORTUNITY FOR EMPLOYMENT. IT WILL NOT BE USED FOR HIRING, PLACEMENT, OR ANY OTHER DECISION RELATING TO TERMS AND CONDITIONS OF EMPLOYMENT.

DO NOT HESITATE TO ASK FOR ASSISTANCE IF YOU HAVE ANY DIFFICULTY COMPLETING THIS FORM. THANK YOU VERY MUCH FOR YOUR COOPERATION.

PLEASE PRINT

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

SEX:

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

RACE OR NATION ORIGIN

BLACK \_\_\_\_\_

ASIAN AMERICAN \_\_\_\_\_

HISPANIC \_\_\_\_\_

NATIVE AMERICAN \_\_\_\_\_

WHITE \_\_\_\_\_

HAWAIIAN \_\_\_\_\_