

Lake Air Metal Products

385 90TH Avenue NW Coon Rapids, MN 55433 Phone: 763-785-2429 Fax: 763-785-1756 Lake Air Metal Stamping

7709 Winpark Drive New Hope, MN 55427 Phone: 763-546-0994 Fax: 763-546-4469

EMPLOYMENT APPLICATION

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative.

Please Print.	1	Γoday's Date_				
GE	NERAL INFORMATION					
NameLast	First		N	/liddle		
Present AddressStreet	City	State	Z	Zip Co	de	
Home Telephone Number ()	Message	Number ()			
Email Address						
Are you 18 years or older?			☐ Y	'es		No
Are you legally authorized to work in the L	Jnited States?		☐ Y	'es		No
Proof of eligibility documentation must be In compliance with federal law, all persons the United States and to complete the req	s hired will be required to	verify identity a	and e			
EN	MPLOYMENT DESIRED					
Position Applied For						
Do you want to work: Full-time	Part-time	Tem	porar	ry		
Specify days and hours available, if part-ti	ime					
Date available to start work	_ Salary Expectations					
Have you applied for employment with this	s company within the last	12 months?	□ Y	'es		No
Have you ever worked for us before? (Please provide your name of record at the job title and dates of employment)			□ Y	′es		No
Form # 10-HR-F-034				Rev 1	1/2/	2016

We are an Equal Employment Opportunity employer and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, religion, sex, pregnancy, citizenship, national origin, age, disability, military service, veteran status, genetic information, union membership, creed, marital status, family status, sexual orientation, status with regard to public assistance, membership in a local human rights commission or any other category that may be protected by law.

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List education if it is related to the job for which you are applying.

	H	ligh	Scho	ool	Technic	al College		Co	llege		G	radua	te Sc	hool
School Name and Location														
Years Completed (Circle)	9	10	11	12	1	2	1	2	3	4	1	2	3	4
Did You Graduate?] Yes	s 🗖	No	☐ Ye	s 🛭 No		☐ Ye	s 🗖 I	No		☐ Ye	s 🗖	No
Diploma/Degree/Certificate														

SPECIAL SKILLS/ADDITIONAL TRAINING

0 0 0 0 0	
Please describe any special job-related skills and qualifications acquired from employing education or volunteer experiences, etc. Do not include experiences which would indiccreed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era vete disabled veteran status, status with regard to public assistance, membership or activity commission, disability or age.	cate race, color, ran status, special
MISCELLANEOUS	
Has your employment with any employer ever been involuntarily terminated? ☐ Ye	es 🛚 No
If yes, please identify the employer, date of termination and reason for termination:	
Form # 10-HR-F-034	Rev 11/2/2016

EMPLOYMENT HISTORY (Please Start With Your Present or Most Recent Position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSI	BILITIES:
	May we contact this employer?
NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSI	BILITIES:
	May we contact this employer? ☐ Yes ☐ No
NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSI	BILITIES:
	May we contact this employer? ☐ Yes ☐ No

Form # 10-HR-F-034 Rev 11/2/2016

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

SIGNATURE

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment atwill, cannot be modified in any way without express written intent to do so by the President of this organization.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.

statements.	knowledge that I have read, understand and agree with the above
Date	(Signature of Applicant)

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