Kiffmeyer, Inc.
1136 114th Lane NW, Suite 100
Coon Rapids, MN 55448
Phone 763-757-8000 Fax 763-757-8020

APPLICATION FOR EMPLOYMENT

Please Print All Responses Legibly. **Today's Date:** _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP CODE

HOME TELEPHONE NUMBER (_____) _____ **ALTERNATE NUMBER** (_____) _____

ARE YOU 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO
Proof of eligibility documentation must be provided at the time of hiring as required by law.

EMPLOYMENT DESIRED

POSITION _____ **DATE AVAILABLE TO START** _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OUR COMPANY BEFORE? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR OUR COMPANY BEFORE? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE PREVIOUS DATES OF EMPLOYMENT _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED (CIRCLE)	DID YOU GRADUATE? (CIRCLE)	DIPLOMA/ DEGREE/ CERTIFICATE
HIGH SCHOOL		9 10 11 12	YES NO	
TECHNICAL SCHOOL		1 2 3 4	YES NO	
COLLEGE		1 2 3 4	YES NO	

SPECIAL SKILLS AND ADDITIONAL TRAINING

Please describe any special job-related skills or other qualifications that relate to the position for which you are applying. Do not include experiences which would indicate race, color, creed,

religion, sex, ancestry, familial status, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age, family or ancestry.

_____

_____

_____

EMPLOYMENT HISTORY (Please begin with your current or most recent employer)

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITION/BRIEF DESCRIPTION OF DUTIES	HOURLY WAGE	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				

MISCELLANEOUS

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE DETAILS INCLUDING THE DATE OF CONVICTION, COUNTY & STATE:

_____

_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date and payment of my wages and salary, be terminated at any time without prior notice and without cause."

SIGNATURE _____ **DATE** _____

Kiffmeyer, Inc. requires drug testing for new employees.
Would you be willing to submit to a drug test? **Yes** _____ **No** _____