



Today's Date: _____

Employment Application

608 Fire Monument Rd., Hinckley MN, 55037 - (763) 689-8778

www.valdersvehicles.com

PLEASE PRINT OR TYPE

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

PLEASE CHECK YES OR NO TO THE FOLLOWING

Are you authorized to work in the United States? Yes No

Valder's Vehicles is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military/veteran status in accordance with federal law. In addition, Valder's Vehicles complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Valder's vehicles also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE PLACE A CHECK BY YOUR RESPONSE

Are you interested in: Full Time Part Time Temporary

What Schedule do you prefer? Weekdays Weekends

How did you hear about us? Walk In Referral Ad Online Other

Have you worked for us before? Yes No

Do you know anyone who works for us? Yes No If yes, who: _____

When are you able to start work? Date: _____

Position Desired: _____

Desired Pay : Hourly: _____ Annual: _____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed the the United States. In compliance with these laws, Valder's Vehicles will verify the status of every individual offered employment with this company. In this connection, all offers of employment are subject to the verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment.

Are you under 18 years of age? Yes No

If yes, can you furnish a work permit? Yes No

Are you capable of performing essential functions of the job, with or without reasonable accomodations? Yes No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

COMPANY NAME:_____	YOUR POSITION:_____	
FROM:_____	TO:_____	TELEPHONE:_____
ADDRESS:_____	CITY:_____	
STATE:_____	ZIP CODE:_____	SUPERVISOR'S NAME:_____
TERMINATION: <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/> INVOLUNTARY	REASON:_____
DUTIES:_____		

COMPANY NAME:_____	YOUR POSITION:_____	
FROM:_____	TO:_____	TELEPHONE:_____
ADDRESS:_____	CITY:_____	
STATE:_____	ZIP CODE:_____	SUPERVISOR'S NAME:_____
TERMINATION: <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/> INVOLUNTARY	REASON:_____
DUTIES:_____		

COMPANY NAME: _____ YOUR POSITION: _____

FROM: _____ TO: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ SUPERVISOR'S NAME: _____

TERMINATION: VOLUNTARY INVOLUNTARY REASON: _____

DUTIES: _____

COMPANY NAME: _____ YOUR POSITION: _____

FROM: _____ TO: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ SUPERVISOR'S NAME: _____

TERMINATION: VOLUNTARY INVOLUNTARY REASON: _____

DUTIES: _____

COMPANY NAME: _____ YOUR POSITION: _____

FROM: _____ TO: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ SUPERVISOR'S NAME: _____

TERMINATION: VOLUNTARY INVOLUNTARY REASON: _____

DUTIES: _____

EDUCATION:

High School (Name and Address): _____	
Major Subject: _____	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____
College (Name and Address): _____	
Major/Subject: _____	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____
Other (Name and Address): _____	
Major/Subject: _____	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____

PROFESSIONAL DESIGNATIONS:

Designation: _____	Date Completed: _____
Organization Granting Designation: _____	
Designation: _____	Date Completed: _____
Organization Granting Designation: _____	

PROFESSIONAL LICENSES (OR DRIVER'S LICENSE):

Type of License: _____	State Granting License: _____
License Number: _____	
Type of License: _____	State Granting License: _____
License Number: _____	

PROFESSIONAL REFERENCES:

Name: _____	
Relationship: _____	Company: _____
Years Known: _____	Phone Number: _____
Name: _____	
Relationship: _____	Company: _____
Years Known: _____	Phone Number: _____
Name: _____	
Relationship: _____	Company: _____
Years Known: _____	Phone Number: _____

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally or provided in any other format is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials or during any interviews can be justification for refusal of employment or, if employed, possible termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me. and that in the event I am hired, my employment will be "at will" and either the Company or myself can terminate employment with or without cause and with or without notice at anytime. Nothing contained in my handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the company's part. The company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from all liabilities in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee for the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or refusal of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency) or consulting positions during my assignment or after my assignment has ended.

Print Name: _____

Signature: _____ **Date:** _____

Please include any certifications, resume, or supporting documents when emailing this application.