

EMPLOYMENT HISTORY

(list below last three employers, starting with the last one)

Company Name Employed From (Month/ Year) To (Month/Year)
 Address & Telephone Give Job Title and Brief Description
 Reason for Leaving:

Company Name Employed From (Month/ Year) To (Month/Year)
 Address & Telephone Give Job Title and Brief Description
 Reason for Leaving:

Company Name Employed From (Month/ Year) To (Month/Year)
 Address & Telephone Give Job Title and Brief Description
 Reason for Leaving:

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes No

Date of Entry Branch of Service

Date of Discharge Final Rank

Indicate service school attended, or special training received

UNEMPLOYMENT RECORD

Account for all periods of unemployment of 1-month duration or more since you left school
 (or last 3 years) until the present time.

From		To		State what you were doing
Month	Year	Month	Year	

REFERENCES

Name and Address. Do not list relatives or former employers.

Name	Telephone	Years Known	Occupation

Please Read Before Signing:

If you have any questions regarding this statement, please ask the person who provided you with this application. This application will be given every consideration, but acceptance does not guarantee that the applicant will be hired. Your application will be considered active for a period of ninety days from the date received.

I certify that the information provided in this application and/or accompanying resume is true and complete. I acknowledge that any misrepresentation, falsification or omission may be grounds for rejection of my application, or if discovered after I am employed, such misrepresentation, falsification or omission may result in termination of my employment.

I also understand that the information supplied by me, including but not limited to my employment history, education, credit, criminal history, motor vehicle record, residence history, and references, will be utilized as part of the processing procedures. I understand that a background investigation may be conducted to verify the veracity of the information submitted and to develop information concerning my character, general reputation, personal characteristics and mode of living. I hereby authorize Engineered Flexible Products and their agents to make a thorough investigation of my past employment, and the companies and corporations supplying that information. I release and indemnify Engineered Flexible Products and their agents against any and all claims, suits, causes of action, liability and damages associated with or arising in any way from such investigations.

I understand that I may be required to undergo a physical examination and drug/alcohol screen by a medical facility selected by Engineered Flexible Products as a condition of my employment. I further understand I must successfully pass the drug/alcohol screen and be judged to be physically able to perform the essential job functions, with reasonable accommodation, if necessary, to be considered for employment.

I hereby release, including all their offices, agents, representatives and employees, from any and all claims, suits, causes of action, liability and damages associated with or arising from my submission to this physical examination and drug/alcohol screen.

In consideration of my employment, I agree that my employment and compensation are "at-will" and for no definite or determinable period and can be terminated with or without cause or notice at any time at the option of the Company or myself. I agree that neither this application nor any other personnel form (i.e. guidebook, benefit enrollment forms, etc.) constitutes an employment contract expressed or implied, with the Company. The use of this form does not indicate there are positions open and does not in any way obligate this Company. No promises or representations contrary to the foregoing are binding on the Company unless made in writing and approved in writing by the Company's president.

Applicant's Signature

Date

*****Office Use Only*****

Date of Hire

Position hired for:

Salary / Pay Rate

Hourly

Salaried

Exempt

Non-Exempt

Department

Employee Number

When finished filling out form please email to: TaraM@engineeredflex.com



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