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**702 2<sup>nd</sup> Avenue South**  
Dodge Center, MN 55927

Phone: (507) 374-6336 / Fax: (507) 374-6660

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**1531 47<sup>th</sup> Street NW**  
Fargo, ND 58102

Phone: (701) 356-5320 / Fax: (701) 277-0008

***AN EQUAL OPPORTUNITY EMPLOYER***

## APPLICATION FOR EMPLOYMENT

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NUMBERS: \_\_\_\_\_  
RESIDENCE MOBILE

BEST TIME TO BE REACHED: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_



**EMPLOYMENT HISTORY***Please provide a complete report of all your past working experience. List most recent employer first.*

Company Name	From	To	Job Title	Full Time	Starting Salary \$
Address	Phone		Supervisor	Part Time	Ending Salary \$
City and State	Zip Code		Reason for Leaving		
Duties and Responsibilities					

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Address	Phone		Supervisor	Part Time	Ending Salary \$
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City and State	Zip Code		Reason for Leaving		
Duties and Responsibilities					

If currently employed, may we contact your present employer? Yes No

List any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_

**MILITARY SERVICE**

Have you ever been in military service of the United States? Yes No

Branch of Service: \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

Major Duties and Special Training: \_\_\_\_\_

## TRAINING AND EXPERIENCE

Check the areas below which you have had training or experience.

### MANUFACTURING / PRODUCTION:

Banding Equipment	Blueprint Reading
Drafting	Computer (Word, Excel, Microsoft Office)
Electrical Work	Flame Cutter
Laser Cutter	Plasma Cutter
Forklift	Machine Set-ups
Micrometer Use	Overhead Crane
Power Shears	Brake Press
Welding (Mig, Mig Aluminum)	

### OTHER WORK:

Building Maintenance	Fleet Maintenance
Inventory	Management
Shipping / Receiving	Quality Assurance
Purchasing	Sales

Other Machines Operated or Work Conducted: \_\_\_\_\_

## REFERENCES

Work or education references we may contact. (E.g. former or present employers, supervisors, co-workers or school advisors.) Do not list relatives.

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## READ CAREFULLY

Your signature below indicates that you understand and agree that:

- É I hereby authorize **McNeilus Steel, Inc.** to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability **McNeilus Steel, Inc.** and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.
- É I understand that any misrepresentation or material omission made by me on this application and/or resume will be sufficient cause for cancellation of this application or immediate termination of employment with **McNeilus Steel, Inc.** if I am employed, whenever it may be discovered.
- É If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or **McNeilus Steel, Inc.** can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
- É I understand that it is policy of **McNeilus Steel, Inc.** not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.
- É I understand that as a condition of being accepted for employment, I may be required to undergo a drug and alcohol-screening test prior to employment. I further understand that if employed, such periodic testing may be a continuing requirement of my employment with **McNeilus Steel, Inc.**
- É I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the above conditions, and that I seek employment under these conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Pre-Employment Background Check

The following named individual has submitted an application with this agency for employment. Please print the following:

**Last Name of Applicant:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle (full):** \_\_\_\_\_

**Maiden, Alias or Former:** \_\_\_\_\_

**Sex:** (circle) Male or Female      **Date of Birth:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Class:** \_\_\_\_\_

I authorize any state or federal court systems, and/or similar agencies to disclose any or all record(s) to McNeilus Steel, Inc. to use for the purpose of possible employment.

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**Signature of Applicant**

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**Date**