

NAME: _____ DATE: _____



Application for Employment

221 Logeais Street
PO Box 350
Eden Valley, MN 55329
Phone 320-453-8311
Fax 320-453-8315

FAX TO: 320-453-8315 -or- EMAIL TO: kateg@rie coatings.com

PERSONAL

<p>Name: _____ <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 40%; text-align: center;">First</small> <small style="display: inline-block; width: 20%; text-align: center;">Middle Initial</small></p> <p>Address: _____ <small style="display: inline-block; width: 100%; text-align: center;">Street Address</small></p> <p>_____</p> <p><small style="display: inline-block; width: 25%; text-align: center;">City</small> <small style="display: inline-block; width: 25%; text-align: center;">State</small> <small style="display: inline-block; width: 25%; text-align: center;">Zip</small></p> <p>Phone: _____ <small style="display: inline-block; width: 25%; text-align: center;">Home</small> <small style="display: inline-block; width: 25%; text-align: center;">Cell</small> <small style="display: inline-block; width: 25%; text-align: center;">Alternate</small></p> <p>E-Mail Address: _____</p>	<p>Positions applying for (Be specific): _____ _____ _____</p> <p>Rate of pay expected: \$ _____</p> <p>Rate of pay at current or most recent position \$ _____</p>
<p>Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Federal law requires that individuals entering an employment relationship, before they begin employment, provide documentation of eligibility for employment within the United States. If offered employment will you be able to provide proof of your eligibility for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Your employment may involve occasional use of a vehicle.)</small></p>	<p>Are you applying for:</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> 1st Shift - Days <input type="checkbox"/> 2nd Shift – Afternoon/Evenings <input type="checkbox"/> 3rd Shift - Nights <input type="checkbox"/> Other _____</p> <p>Date available _____</p> <p>How were you referred to us?</p> <p><input type="checkbox"/> Newspaper Ad: <input type="checkbox"/> State employment agency <input type="checkbox"/> Personal referral <input type="checkbox"/> School referral <input type="checkbox"/> Applied with no knowledge of opening <input type="checkbox"/> Other _____</p>

EDUCATIONAL BACKGROUND

School Name & Location	No. of years attended	Did you Graduate? Yes/No	Course or major
High School			
College			
Post Graduate			
Business or Vocational			
Other			

REFERENCES

Name	How Known	Location	Phone

EMPLOYMENT HISTORY

From	To	Company Name & Address	Phone #	Supervisor Name	Reason for leaving
Mo/Yr	Mo/Yr				

Position Title _____ Salary/Wage earned _____

Describe your job responsibilities _____

From	To	Company Name & Address	Phone #	Supervisor Name	Reason for leaving
Mo/Yr	Mo/Yr				

Position Title _____ Salary/Wage earned _____

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Describe your job responsibilities _____

From	To	Company Name & Address	Phone #	Supervisor Name	Reason for leaving
Mo/Yr	Mo/Yr				

Position Title _____ Salary/Wage earned _____

Describe your job responsibilities _____

GENERAL INFORMATION

What skills and/or other experiences do you feel you have to offer this company?

May we contact the employers you listed? Yes No

If not, specify which employers you do not want us to contact and explain why.

Are you willing to travel? Yes No

Are you willing to relocate? Yes No

Have you worked for RIE Coatings, Inc. before? Yes No If yes, provide dates, position & reason for leaving.

CANDIDATE SIGNATURE

I declare that the information that I provide on this application and in any interview is true and accurate. I agree and understand that if any such information is later found to be false in any respect, or there is any omission of information contained in the application or any supplemental materials I submit, I may be disqualified from further consideration for employment, or may result in withdrawal of an employment offer or result in immediate dismissal upon discovery. I authorize investigation of all information provided by me in the application process and I release all parties from any and all liability or claims for damage whatsoever that may result from such an investigation. I understand that the company may contact my previous employers and references. I authorize those employers to disclose all pertinent information and records to the Company. I understand that any offer of employment is contingent on the completion of a negative pre-employment drug and alcohol screen and satisfactory pre-work medical exam. I agree that a copy of this authorization has the same effect as the original. I also understand that employment with the Company is "at will", and the employment relationship may be ended by either party, at any time, with or without notice.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Date _____ Signature of Candidate _____