

1100 CANNON CIRCLE • P.O. BOX 811 • FARIBAULT, MN 55021 (507) 334-1847 • Fax (507) 334-0104

MRG Tool and Die Employment Application

Applicant Information

Date:					
Full Name (Last, First, Mi	ddle Initial):				
Street Address:					
City:		_State:	Zip (Code:	
Phone:		_Email Addre	ss:		
Date Available:		_F/T ()	Р/Т 🔿 о	О_тс	
Position Applied For:			Desi	red Salary:	
How did you hear about Are you authorized to w		~	<u> </u>		
	Prev	vious Emp	loyment		
See Resume					
Company:			P	hone:	
Street Address:					
City:		State:	Zij	o Code:	
Job Title:		Supervisor:			
Responsibilities:					
From:T	o:	Reason for	Leaving:		
May we contact your pre	vious supervisor	for a referenc	e? Yes 🔘 N	No 🔿	

Company:	Phone:					
Street Address:						
City:		State:Zip Code:				
Job Title:		Supervisor:				
Responsibilities	:					
		Reason for Leaving:				
May we contact	t your previous s	upervisor for a reference? Yes 🔘 No 🔘				
Company:		Phone:				
Street Address:	:					
City:		State:Zip Code:				
Job Title:		Supervisor:				
Responsibilities	:					
From:	To:	Reason for Leaving:				
May we contact	t your previous s	upervisor for a reference? Yes 🔘 No 🔘				
		Education				
See Resume (С					
High School:		City, State:				
From:	To:	Did you graduate? Yes 🔿 No 📿 Degree:				
College:		City, State:				
From:	To:	Did you graduate? Yes 🔿 NoO Degree:				
		City, State:				
From:	To:	Did you graduate? Yes 🔿 No 🕜 Degree:				

References

See Resume			
Please list three professional references:			
Full Name:		_Relationship:	
Company:		_Email:	
Street Address:		_Phone:	
City:	State:	Zip Code:	
Full Name:		_Relationship:	
Company:		_Email:	
Street Address:		_Phone:	
City:	State:	Zip Code:	
Full Name:		_Relationship:	
Company:		_Email:	
Street Address:		_Phone:	
City:	State:	Zip Code:	

Applicant's Statement

PLEASE READ CAREFULLY BEFORE SIGNING

In order for us to be able to process your application, please review and initial each of the statements below: I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time.

I authorize you to conduct a criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying—except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of this application.

I understand and agree that my employment relationship with this organization is an "atwill" relationship, meaning that both the organization and I have the right to terminate this employment relationship at any time for no reason or for any reason, as long as that reason is not illegal. No verbal promises or guarantees can change this at-will relationship. Any changes to the at-will relationship or its terms must be in writing, for the agreed purpose of changing the relationship, and signed by me and by an authorized officer of this organization. (For further information, please consult this organization's at-will policy.)

This organization prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. This organization is an equal opportunity employer and makes hiring and other employment decisions based on job-related qualifications, abilities, and factors other than on the basis of the race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. (For further information, please consult this organization's EEO policy.)

My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.

Signature:

Date: ____

By electronically signing above, I agree to terms stated.