

300 Westgate Dr. Houston, MN 55943

Are you 18 years of age or older?

APPLICATION FOR EMPLOYMENT

1.877.565.3539

APPLICATION FOR EMPLOY MENT www.flex-craft.com

PLEASE PRINT ALL INFORMATION REQUESTED EX	CEPT SIGNAT	TURE. APPLICANT	IS MAY BE TESTED FOR ILL	EGAL DRUGS
Name	Date			
Position(s) Applying for				
Current Address				
Time at Current Address Hor	me Phone (_)	Cell Phone ()	
Availability (Days and Time):				
Monday	Tuesda	ıy		
Wednesday	Thursd	ay		
Friday	Saturday			
Sunday	_ No Preference			
How many hours can you work weekly?		Can yo	u work nights?	
Employment Desired:				
Full-time Part-time Full or Part-time				
When are you available to start?	Salary Requirements			
Education:				
Name and Location of School		Graduate (Yes or No)	Major/Degree	

References – Please list at least two References other than relatives or previous employers.

Yes

1. Name		Occupatio	n				
Years Known		Contact Pl	hone				
2. Name		Occupation					
Years Known		Contact Phone					
3. Name		Occupation					
Years Known		Contact Phone					
		N					
Do you have a Driver's License? Yes		No					
Do you have a reliable means of transportation?		Yes		No			
Have you ever been in the Armed Forces?	Yes		No				
Are you now a member of the National Guard?		Yes		No			

No (if no, please write age)



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Work Experience – Please list your past three job positions with the most recent first.

Employer	Addr	ess				
Phone Number	Supervisor					
Employment Date(s) to	Job Title					
Salary Reason for Leaving						
Job Responsibilities						
May we contact this Employer?	Yes		No			
Employer	Addr					
Phone Number Supervisor						
Employment Date(s) to	Job	Fitle				
Salary	Reas	on for	r Leaving			
Job Responsibilities						
May we contact this Employer?	Yes		No			
Employer	Addı	ess				
Phone Number		rvisor	•			
Employment Date(s) to	Job	Fitle				
Salary Reason for Leaving						
Job Responsibilities						
May we contact this Employer?	Yes		No			

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



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1.877.565.3539 APPLICATION FORM DISCLAIMER

In exchange for the consideration of my job application by Flex Craft L.L.C. (hereinafter called "the Company"), I agree that:

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of sixty days and that any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant	Date	

Flex Craft L.L.C. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.