

## Minn-Kota Ag Products APPLICATION FOR EMPLOYMENT

Minn-Kota Ag Products is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

Notice: Substance and Alcohol Testing is required of applicant driver.

### PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

#### Addresses for the past three (3) years:

Previous Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To

Previous Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
Street City State Zip Code From To  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years old or older?  Yes  No

Are you authorized to work in the U.S.?  Yes  No Referred by: \_\_\_\_\_

State the name of any relatives, other than spouse, already employed by this company. \_\_\_\_\_

### POSITION DESIRED

Position: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you previously worked for this company?  Yes  No If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Former supervisor(s) at this company: \_\_\_\_\_

How did you learn of this opening: \_\_\_\_\_

### EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: \_\_\_\_\_

Other special skills: \_\_\_\_\_

Have you ever been convicted of a crime?\*  Yes  No If yes, give details, including date(s): \_\_\_\_\_

\*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

### Employment History

Please provide information on past employers during the proceeding 10 years, beginning with the most recent.  
If you need more room, you may attach another sheet of paper.

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip Code From \_\_\_\_\_ To \_\_\_\_\_  
(Date) (Date)  
Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May we contact:  Yes  No  
Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No  
Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No  
Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No  
List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)  
\_\_\_\_\_

---

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip Code From \_\_\_\_\_ To \_\_\_\_\_  
(Date) (Date)  
Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May we contact:  Yes  No  
Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No  
Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No  
Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No  
List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)  
\_\_\_\_\_

---

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip Code From \_\_\_\_\_ To \_\_\_\_\_  
(Date) (Date)  
Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ May we contact:  Yes  No  
Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Did you operate a Commercial Motor Vehicle for this employer?  Yes  No  
Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?  Yes  No  
Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?  Yes  No  
List type of Commercial Motor Vehicle or Equipment operated for this Employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)  
\_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS - DRIVERS

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)  
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Date	Location	Charge	Penalty
------	----------	--------	---------

Date	Location	Charge	Penalty
------	----------	--------	---------

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
Has any license, permit or privilege ever been suspended or revoked:  Yes  No

(If the answer is yes to either of the two previous questions, attach a statement giving the details)

## ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
------	---	----------	--------	------------

Last Accident: \_\_\_\_\_

Next Previous: \_\_\_\_\_

Next Previous: \_\_\_\_\_

If you need more room, you may attach another sheet of paper.

## REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	How Acquainted	Years Acquainted

## TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

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