



221 Logeais Street, Eden Valley, MN 55362  
 Email: HR@rie coatings.com

# EMPLOYMENT APPLICATION

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

## CANDIDATE INFORMATION

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

Name: _____		
Last	First	Middle Initial
Address: _____		
Street Address	Apt #	
_____		
City	State	Zip
Phone: _____		
Home	Cell	Alternate
E-Mail Address: _____		
Are you at least 18 years old? <span style="float: right;">Yes___ No___</span>		
Are you legally authorized to work in the United States? <span style="float: right;">Yes___ No___</span>		
If offered employment will you be able to provide proof of your eligibility for employment in the United States? <span style="float: right;">Yes___ No___</span>		
Your employment may involve occasional use of a vehicle. Do you have a valid driver's license? <span style="float: right;">Yes___ No___</span>		
Are you willing to travel? <span style="float: right;">Yes___ No___</span>		
Are you willing to relocate? <span style="float: right;">Yes___ No___</span>		
Have you worked for RIE Coatings, Inc. before? <span style="float: right;">Yes___ No___</span> If yes, provide dates, position & reason for leaving.		
_____		
_____		

## HOW DID YOU FIND US?

Walk In ___	Newspaper Ad ___	Employment agency ___	Online Ad ___	Site: _____
Social Media ___		Site: _____		
Other: _____		Personal referral by: _____		



**POSITION PREFERENCES**

Position(s) Applying for: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Status: Full-Time \_\_\_\_ Part-Time \_\_\_\_

Shift preference: 1<sup>st</sup> (days) \_\_\_\_ 2<sup>nd</sup> (evenings) \_\_\_\_ 3<sup>rd</sup> (overnights) \_\_\_\_ Weekend \_\_\_\_

**EDUCATION**

Did you graduate High School or receive your GED? Yes \_\_\_\_ No \_\_\_\_

Other Education:	# of years	Did you	Major or
Name of School, City and State	Attended	Graduate?	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____

What skills or additional training do you have that relate to the job for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying?

\_\_\_\_\_

**REFERENCES**

Name	Phone	Relationship	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT HISTORY**

May we contact the employers you list? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EMPLOYMENT HISTORY CONT'D**

From	To	Company Name & City/State	Phone #	Supervisor Name
Mo/Yr	Mo/Yr			
Position: _____				
Job Responsibilities: _____				
_____				
_____				
Reason for Leaving: _____				
_____				
_____				

From	To	Company Name & City/State	Phone #	Supervisor Name
Mo/Yr	Mo/Yr			
Position: _____				
Job Responsibilities: _____				
_____				
_____				
Reason for Leaving: _____				
_____				
_____				

From	To	Company Name & City/State	Phone #	Supervisor Name
Mo/Yr	Mo/Yr			
Position: _____				
Job Responsibilities: _____				
_____				
_____				
Reason for Leaving: _____				
_____				
_____				



### EMPLOYMENT HISTORY CONT'D

From	To	Company Name & City/State	Phone #	Supervisor Name
Mo/Yr	Mo/Yr			
Position: _____ Job Responsibilities: _____ _____ _____ Reason for Leaving: _____ _____ _____				

### APPLICANT STATEMENT

I declare that the information that I provide on this application and in any interview is true and complete.

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 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.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_