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 Detroit Lakes, MN 56501
 Phone: 218.847.4446
 www.btdmfg.com



21315 Heywood Ave
 Lakeville, MN 55044
 Phone: 952.469.2423
 www.ptdmn.com

Application for Employment

Today's Date: _____

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and also may assist us in the future. Please complete all necessary information. This application will be kept on file for 12 months.

Last Name		First Name		Middle Initial
Address				
City/State/Zip				
Phone ()		Social Security #		
Position Desired		Pay Expected		

Have you ever applied for employment with us before? Yes No If Yes, Month ____ Year ____ Location _____

Type of employment desired? Full-Time Part-Time Co-op/Intern

Date available for work? _____

Are you legally eligible to be employed in the U.S.? Yes No (If yes, proof is required.)

Shift options - Check all shifts you would be willing to work.

BTD

- 7:00 a.m. – 3:15 p.m. (M–F)
 3:00 p.m. – 11:15 p.m. (M–F)
 11:00 p.m. – 7:00 a.m. (M–F)
 No Preference

Performance Tool & Die

- 7:00 a.m. – 3:30 p.m. (M-F)
 3:00 p.m. – 1:30 a.m. (M-Th)
 No Preference

Will you work overtime if asked? Yes No

Is there anyone related to you employed by our corporation? Yes No (If yes, relationship to you?) _____

How did you learn of our organization? _____

Do you have a valid driver's license? (For driving positions only) Yes No

Educational Background

(Circle highest level completed)	Did you graduate?	Diploma/Degree	School Name
High School 9 10 11 12	Y/N		
Technical School	1 2	Y/N	
College	1 2 3 4	Y/N	

Have you received any job-related training in the U.S. Military? Yes No

If yes, please list date and explanation. _____

Describe any specialized training, apprenticeship, licenses, blueprint reading, or special skills. _____

Previous Employers & Addresses

Place an X by the employer(s) you do not want us to contact. List the most recent employer first.

1.

	Company Name	Supervisor	Phone ()
Address		Employed From	To
Position and Duties		Reason for Leaving	Last Wage

2.

	Company Name	Supervisor	Phone ()
Address		Employed From	To
Position and Duties		Reason for Leaving	Last Wage

3.

	Company Name	Supervisor	Phone ()
Address		Employed From	To
Position and Duties		Reason for Leaving	Last Wage

4.

	Company Name	Supervisor	Phone ()
Address		Employed From	To
Position and Duties		Reason for Leaving	Last Wage

Explain time gaps in your employment history: _____

Professional Reference

(Other than a family member or a friend)

Name	Phone ()	Relationship
Address		

Applicant Acknowledgement and Authorization

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I understand that submission of an application does not guarantee employment. I understand that if offered a position, I may be required to submit a pre-employment medical exam, drug screen, and a background check as a condition of employment. I understand that unsatisfactory results or any attempt to affect results of these tests will result in withdrawal of any employment offer or termination.

I hereby authorize any schools, former employers, references, courts, and others who have information about me to provide such information to the company's corporation and any of the company's representatives.

Applicant's Signature _____ Date _____

This corporation is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected by law.