



Better ideas for the real world 

APPLICATION FOR EMPLOYMENT

THIS APPLICATION WILL BE HELD FOR 1 YEAR

8521F

**STATE THE FACTS! Associates may be terminated after hiring for misrepresentation on this application.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER (See back side)***

NAME: _____ DATE: _____

TELEPHONE DAY: _____ NIGHT: _____ MOBILE: _____

PRESENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP

E-MAIL ADDRESS: _____ DATE AVAILABLE FOR WORK: _____

POSITION APPLIED FOR: _____

EMPLOYMENT HISTORY (Please Start with your Present or Most Recent Position)

This Section must be completed even if a resume is attached.

NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	RATE OF PAY:
EMPLOYED (MONTH / YEAR):		NAME AND TITLE OF SUPERVISOR:	
FROM:	To:		
REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			

NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	RATE OF PAY:
EMPLOYED (MONTH / YEAR):		NAME AND TITLE OF SUPERVISOR:	
FROM:	To:		
REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			

NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	RATE OF PAY:
EMPLOYED (MONTH / YEAR):		NAME AND TITLE OF SUPERVISOR:	
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REASON FOR LEAVING			
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NAME OF EMPLOYER:		ADDRESS:	
TELEPHONE NUMBER:		POSITION:	RATE OF PAY:
EMPLOYED (MONTH / YEAR):		NAME AND TITLE OF SUPERVISOR:	
FROM:	To:		
REASON FOR LEAVING			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			

SPECIAL SKILLS / ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

REFERENCES

Please provide the names of three personal references who are not related to you.

NAME	PHONE NUMBER	ADDRESS	YEARS KNOWN AND IN WHAT CAPACITY
1.			
2.			
3.			

I CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

I ALSO AUTHORIZE MY FORMER EMPLOYERS, SCHOOLS, AND PERSONAL REFERENCES TO GIVE ANY INFORMATION THEY MAY HAVE REGARDING ME (WHETHER OR NOT IT IS IN THEIR RECORDS), TO MALCO PRODUCTS, INC. I ALSO RELEASE THEM AND THEIR COMPANY(IES) FROM ALL LIABILITY FOR DIVULGING THIS INFORMATION.

I UNDERSTAND THAT IF I AM HIRED BY MALCO PRODUCTS, INC., MY EMPLOYMENT IS NOT GUARANTEED FOR ANY LENGTH OF TIME. I ALSO UNDERSTAND THAT I MAY BE TERMINATED FROM MY EMPLOYMENT BY MALCO PRODUCTS, INC., AT ANY TIME FOR ANY REASON. NO MANAGER OR SUPERVISOR HAS THE AUTHORITY TO CHANGE THIS POLICY, EITHER ORALLY OR IN WRITING, UNLESS SPECIFICALLY APPROVED BY THE BOARD OF DIRECTORS IN WRITING.

I ALSO UNDERSTAND THAT IF ANY INFORMATION GIVEN BY ME ON THIS APPLICATION IS FOUND TO BE MISLEADING OR FALSE, I WILL BE SUBJECT TO DISMISSAL AT ANY TIME DURING THAT PERIOD OF MY EMPLOYMENT. I ALSO AGREE TO HOLD MALCO PRODUCTS, INC., AND ALL COMPANIES AND/OR PERSON(S) NAMED ON THIS APPLICATION BLAMELESS IN THAT EVENT.

FINALLY, I UNDERSTAND THAT A DRUG/ALCOHOL TEST AND MEDICAL EXAM ARE A PART OF THE PRE-EMPLOYMENT PROCESS AT MALCO PRODUCTS, INC. IF I REFUSE TO TAKE PART IN EITHER THE DRUG/ALCOHOL TEST OR MEDICAL EXAM, I WILL NO LONGER BE GIVEN FURTHER CONSIDERATION FOR EMPLOYMENT. I UNDERSTAND THAT NO MANAGER AT MALCO PRODUCTS, INC. CAN WAIVE THIS REQUIREMENT, AND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT ON PASSING BOTH THE DRUG/ALCOHOL TEST AND MEDICAL EXAM.

SIGNATURE _____

Equal Opportunity Employer

It is the policy of the Company to provide equal employment opportunity to all qualified persons without regard to race, color, creed, physical or mental disability, sex, age, religion, national origin, marital status, status with regard to public assistance, family status, sexual orientation, or any other class granted protection under federal, state, or local laws.

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