



Application for Employment

GATR of Sauk Rapids, Inc.
 218 Stearns Dr., P.O. Box 367
 Sauk Rapids, MN 56379
 320-251-7356 Main, 1-800-771-GATR

NAME/FIRST, MIDDLE, LAST		DATE
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	OTHER TELEPHONE NUMBER	
WHAT POSITION ARE YOU APPLYING FOR?	HAVE YOU WORKED FOR GATR BEFORE? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, when _____	
PLEASE LIST APPLICABLE SKILLS AND ABILITIES	ARE YOU WILLING TO WORK OVERTIME? YES <input type="checkbox"/> NO <input type="checkbox"/> If No Explain _____	
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? NO <input type="checkbox"/> YES <input type="checkbox"/>	ARE YOU RELATED TO ANYONE WHO IS CURRENTLY EMPLOYED WITH GATR? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, who? _____	
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	
HOW DID YOU HEAR ABOUT GATR?		
DATE YOU ARE AVAILABLE TO BEGIN WORK:	WILL YOU PROVIDE YOUR CURRENT EMPLOYER WITH A TWO WEEK NOTICE? NO <input type="checkbox"/> YES <input type="checkbox"/>	ARE YOU AT LEAST 18 YRS OF AGE? NO <input type="checkbox"/> YES <input type="checkbox"/>

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

Do you have a high school diploma or equivalent? Yes No

ADVANCED EDUCATION:

School Attended	#of Yrs Attended	Course of Study	Year Completed / Degree

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Explain your interest in working in this field:

TRAINING/CERTIFICATION INFORMATION:

Please check all the following trainings or certifications that you currently have completed:

- CDL (Commercial Driver's License)
- DOT (Department of Transportation) Technical Certification
- Health Card
- CPR Certification
- First Aid Certification

Do you have the following documents?

- Proof of Auto Insurance
- Minnesota State Driver's License
- Social Security Card
- Birth Certificate
- Passport

EMPLOYMENT HISTORY:

EMPLOYER NAME AND ADDRESS: _____ _____	DATES OF EMPLOYMENT: TO _____ FROM _____
SUPERVISOR: _____	STARTING WAGE: _____ ENDING WAGE: _____
REASON FOR LEAVING: _____	
GENERAL DESCRIPTION OF DUTIES: _____ _____ _____	

EMPLOYER NAME AND ADDRESS: _____ _____	DATES OF EMPLOYMENT: TO _____ FROM _____
SUPERVISOR: _____	STARTING WAGE: _____ ENDING WAGE: _____
REASON FOR LEAVING: _____	
GENERAL DESCRIPTION OF DUTIES: _____ _____ _____	

EMPLOYER NAME AND ADDRESS: _____ _____	DATES OF EMPLOYMENT: TO _____ FROM _____
SUPERVISOR: _____	STARTING WAGE: _____ ENDING WAGE: _____
REASON FOR LEAVING: _____	
GENERAL DESCRIPTION OF DUTIES: _____ _____ _____	

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR CONVICTED IN A SPECIAL OR GENERAL COURT-MARTIAL?

NO YES If yes, give date and explain:

EXPLANATION _____ DATE _____

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

AUTHORIZATION AND ACKNOWLEDGEMENT

I certify that all the information on this application is true and accurate. I understand that this application becomes a part of my employment record, and that any false information may result in my immediate discharge.

I authorize an inquiry to be made on the information contained in this application if I am considered for employment.

The employers, personal references, and educational institutions named herein are authorized to release information about me. I hereby release them from all liability for issuing such information.

I understand and acknowledge that if any misrepresentation or omission of material facts has been made by me or the results of an investigation are not satisfactory for any reason, any consideration, offer, or actual employment by the company may be terminated immediately without obligation or liability to me other than payment at the rate agreed upon, for service actually rendered, for the period of time I was employed.

I understand that I will be required to undergo blood and/or urinalysis testing for controlled substances as part of the application process and as a condition for my employment. I further understand if I test positive for a controlled substance, except in such instances where the substance is present pursuant to a current doctor's medication prescription, I will not be hired, or if already working, that I will be terminated.

I understand that neither granting of an interview nor anything contained in this application, company policies, procedures, or handbooks that I might receive, are intended to create an employment contract between the company and myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon GATR unless made in writing by the Human Resources Department. I understand that if hired, my employment is for no definite period of time and that either I or GATR may terminate the employment relationship at any time and for any reason. I agree to conform to the rules and regulations for the company.

I hereby acknowledge that I have read and understand the above statements.

Signature

Today's Date

Equal Employment Opportunity Information Form

GATR of Sauk Rapids, Inc. is an equal opportunity/affirmative action employer. The government requires us to collect and report certain census information. The information asked for below will be used solely for statistical reports we are required to submit to the Federal Government and GATR's EEO office. This form will be separated from the employment application immediately upon receipt. Completion of this form is voluntary. Failure to complete the form will not affect your consideration for employment.

Full Name: _____

Social Security Number: _____

What position are you applying for? _____

Gender: Male Female

Race/Ethnicity:

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black/African American
- Hispanic or Latino
- White
- Multiple Race/Ethnicity

I decline to voluntarily identify my race/ethnicity and gender.

Signature

Date