Advance Design & Systems, LLC

325 Airport Road NE

Pine City, MN 55063

Phone 320.629.6697   Fax 320.629.6973

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-3   Date _____

Name _____
          Last   First   Middle   Maiden

Present address _____
                    Street   City   State   Zip

How long at this address _____   Telephone (___)_____

Social Security No. _____ – _____ – _____   If under 18, please list age _____

Employment desired   ❑FULL-TIME ONLY   ❑PART-TIME ONLY   ❑FULL- OR PART-TIME

When available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	# OF YEARS COMPLETED	MAJOR / DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?   ❑ No   ❑ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

_____

Please list two references other than relatives or previous employers.

Name _____   Name _____

Position _____   Position _____

Company _____   Company _____

Address _____   Address _____

_____   _____

Telephone (____)_____   Telephone (____)_____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

	MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?   ❑ Yes   ❑ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?   ❑ Yes   ❑ No

Specialty _____ Date Entered_____ Discharge Date _____

Work **Experience**	Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of Employer City, State, Zip Code Phone number	Supervisor's Name	Employment dates	Pay or salary
		From	Start
		To	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer City, State, Zip Code Phone number	Supervisor's Name	Employment dates	Pay or salary
		From	Start
		To	Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer City, State, Zip Code Phone number	Supervisor's Name	Employment dates	Pay or salary
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Name of Employer	Supervisor's Name	Employment dates		Pay or salary	
City, State, Zip Code Phone number		From		Start	
		To		Final	
	Your last job title				

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? ❑ Yes ❑ No

Did you complete this application yourself ❑ Yes ❑ No If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Advance Design & Systems (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Advance Design & Systems, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Advance Design & Systems may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant_____ **Date**: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.