

# EMPLOYMENT APPLICATION



\*\*\* Please Print \*\*\*

Return to: Human Resources, PO Box 409, Sleepy Eye, MN 56085 OR Fax: 507-794-3056

Miller Sellner is an Equal Employment Opportunity employer. It is the policy of this company to comply with all applicable federal, state, and local laws prohibiting discrimination in employment based on race, age, color, gender, religion, creed, national origin, disability, pregnancy, veteran status, military service, genetic information, sexual orientation, familiar status, status with regard to public assistance, membership or activity in a local commission, or any other protected status under federal, state, or local laws. Miller Sellner will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

APPLICANT INFORMATION		
Last Name:	First:	Middle:
Street Address:		PO Box:
City/State/Zip:		
Cell #:	Home Phone #:	
Email Address:		
Position Applying For:	Location:	
Date Available to Start:	Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of work seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship <input type="checkbox"/> Casual (Student Employment)		
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, when and where:		
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION		
High School:	Address:	
	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
College:	Address:	
	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other:	Address:	
	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:

**LIST ANY SPECIAL SKILLS, QUALIFICATIONS, AND CONSIDERATIONS:**

**PROFESSIONAL REFERENCES**

**Please provide 3 professional references (people you have worked for or with) that ARE NOT RELATED TO YOU**

Name:	Relationship:
Address:	Years Known:
City/State/Zip	Phone #:
Name:	Relationship:
Address:	Years Known:
City/State/Zip	Phone #:
Name:	Relationship:
Address:	Years Known:
City/State/Zip	Phone #:

**PREVIOUS EMPLOYMENT**

**Please list most current employer first**

Company:	Job Title:	
Address:	Supervisor:	
City/State/Zip:	Phone #:	
From (mo/yr):	To (mo/yr):	Reason for leaving:
Starting Salary:	Ending Salary:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		
Company:	Job Title:	
Address:	Supervisor:	
City/State/Zip:	Phone #:	
From (mo/yr):	To (mo/yr):	Reason for leaving:
Starting Salary:	Ending Salary:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		
Company:	Job Title:	
Address:	Supervisor:	
City/State/Zip:	Phone #:	
From (mo/yr):	To (mo/yr):	Reason for leaving:
Starting Salary:	Ending Salary:	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		

**Attach additional page(s), if needed**

**Please check all those you have any actual experience in:**

SERVICE DEPARTMENT	SALES DEPARTMENT	PARTS DEPARTMENT
<input type="checkbox"/> Service Manager	<input type="checkbox"/> Sales Manager	<input type="checkbox"/> Parts Manager
<input type="checkbox"/> Shop Foreman	<input type="checkbox"/> Farm Machinery Sales: <input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Parts Clerk
<input type="checkbox"/> Tractor Mechanic/Technician	<input type="checkbox"/> Light Industrial Equipment Sales	<input type="checkbox"/> Parts Inventory Control
<input type="checkbox"/> Farm Implement Mechanic/Technician	<input type="checkbox"/> Outdoor Power Equipment Sales	<input type="checkbox"/> Shipping
<input type="checkbox"/> Combine Mechanic	<input type="checkbox"/> Truck and/or Auto Sales	<input type="checkbox"/> Receiving
<input type="checkbox"/> Planter Mechanic/Technician	<input type="checkbox"/> Recreational Equipment Sales	
<input type="checkbox"/> Diesel Mechanic/Technician	<input type="checkbox"/> GPS Sales	
<input type="checkbox"/> Truck Mechanic/Technician	BUSINESS OFFICE	OTHER
<input type="checkbox"/> Powersports Mechanic/Technician	<input type="checkbox"/> Office Manager	<input type="checkbox"/> Janitor / Custodial
<input type="checkbox"/> Small Engine Mechanic/Technician	<input type="checkbox"/> Bookkeeper / Accountant	<input type="checkbox"/> Carpenter
<input type="checkbox"/> Machinery Set-up	<input type="checkbox"/> Secretary / Receptionist	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> GPS Technician	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Grounds Maintenance
<input type="checkbox"/> Warranty Administration	<input type="checkbox"/> Environmental, Health, & Safety	<input type="checkbox"/> Security
<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Marketing	<input type="checkbox"/> Safety Inspections
<input type="checkbox"/> Welding	<input type="checkbox"/> IT / Website Maintenance	<input type="checkbox"/> Scheduling

**Please read carefully and sign below:**

<p><b>I certify</b> that all answers and statements I have made on this application, resume, or other supplementary materials are true and complete without omissions.</p>
<p><b>I understand</b> that this application is no an offer of employment and no promised or representations of employment have been made to me at this time. This application is valid for ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.</p>
<p><b>I also understand</b> that no representative of Miller Sellner has authority to enter into an employment agreement for any specified period of time or to assure me of any future position, benefits, or terms and conditions of employment except as specifically stated in a current written agreement signed by the President or CEO.</p>
<p><b>I-9 Employment Eligibility Verification:</b> I understand that I will need to furnish proof of identity and eligibility to work in the United States upon being hired to comply with Department of Homeland Security and U.S. Citizenship and Immigration Services requirements.</p>
<p><b>Employment at Will:</b> I understand that just as I am free to resign at any time; and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.</p>
<p><b>I understand</b> that any and all information provided as part of this application is subject to verification and that any false, misleading, or concealed information will disqualify me from consideration for employment and constitute grounds for immediate dismissal should I be employed by Miller Sellner.</p>
<p><b>I have read, understand, and agree with the above statements.</b></p>
<p><b>Signature of Applicant:</b> _____ <b>Date:</b> _____</p>