



Mfg., LLC

Application for Employment

- ☐ Hutchinson, MN (1145 5th Ave. SE)
☐ Hope, ND (12 Ingalls Ave. / West Hwy. 38)

HR Email: HR@WarriorMfgLLC.com

Mailing address for all locations1145 5th Ave. SE, Hutchinson, MN 55350

Telephone: 320-587-5505 (all locations)

Date: _____

Warrior Mfg., LLC, is an **Equal Opportunity Employer** and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

PERSONAL INFORMATION

Please Print Legibly

Name (First, M.I., Last): _____

Street/P.O.Box _____ City _____ State _____ Zip Code _____

County of Residence _____ **Please check all that apply: ☐ I am a Veteran. ☐ I am unemployed.**Home ☐

E-Mail

Cell ☐ Phone No: () _____ Address _____**EMPLOYMENT INFORMATION**If hired, can you submit verification of your legal right to work in the United States? ☐ YES ☐ NO

Position Desired _____ Second Choice _____

Date you can start _____ Salary Expectation _____

Do you desire: ☐ Full Time ☐ Part Time ☐ Summer ☐ Temporary (specific dates available) _____Are you 18 years or older? Yes ☐ No ☐ If no, on which date will you be 18 years old? _____

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? *Please answer this only after reviewing the position's job description.* Yes ☐ No ☐

EMPLOYMENT EXPERIENCE**List names and addresses where you were employed during the last 5 years. Please begin with the most current.******You must include the complete address including street, city, state, zip code and phone number****

1. Employer		Dates Employed	Work Performed
Address		FROM	
Telephone number(s)			
Job Title	Supervisor	TO:	
Reason for Leaving			
2. Employer		Dates Employed	Work Performed
Address		FROM:	
Telephone number(s)			
Job Title	Supervisor	TO:	
Reason for Leaving			

3. Employer		Dates Employed	Work Performed
Address		FROM:	
Telephone number(s)			
Job Title	Supervisor	TO:	
Reason for Leaving			

4. Employer		Dates Employed	Work Performed
Address		FROM:	
Telephone number(s)			
Job Title	Supervisor	TO:	
Reason for Leaving			

EDUCATION

Type of School Attended	School Name and Location	Did you graduate YES/ NO	Grade Point Average	Diploma/ Degree	Major Course of Study
High School: Circle highest grade completed 9 10 11 12					
Technical or Vocational					
College or University					
Professional Seminars, or Additional Training					
Special Skills & Qualifications					
Referred?	I have been referred by... (enter first and last names)				

In case of emergency, contact:

Name _____ Relationship _____ Phone# _____

- Please note that previous employer information provided may be used and the applicant's prior employers may be contacted to investigate the applicant's background.
- All offers of employment are conditional upon completion of satisfactory reference checks.

CERTIFICATION: This certifies that the Application was completed by me and that all entries on it and information contained therein are true and complete to the best of my knowledge. I understand that, if I am employed, false statements may result in dismissal. I authorize Warrior Mfg., LLC to make an investigation of the information set forth in this Application.

Applicant's Signature

Date

----- Office Use Only-----Below this Line -----

Hired? ☐ Yes ☐ No Position _____ ☐ 1st Shift ☐ 2nd Shift ☐ Office / ☐ FT ☐ Temporary

Start Date: _____ Wage: \$ _____ Date Interviewed: _____ by _____

Job Site Location: ☐ Hutchinson ☐ Omaha ☐ Hope

Time Card# _____ Employee# _____