



HITCHDOC

131 County Road 34 E.
P.O. Box 179
Jackson, MN 56143

F-622-001-A

APPLICATION FOR EMPLOYMENT

HitchDoc is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

APPLICANT QUESTIONS:

Position: _____ Salary desired: _____ Date you can start: _____

Have you ever applied to this company before? Yes No If so, when? _____

Are you currently employed? Yes No If so, may we inquire of your present employer? Yes No

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

How were you referred to HitchDoc? _____

Are you applying for: Temporary work – such as summer or holiday work? Yes No

Regular part-time work? Yes No

Regular full-time work? Yes No

Are you available to work overtime? Yes No Preferred shift: First Second Third

EDUCATION:

High School or last grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Name & Address of School: _____

Course of Study: _____ Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training: _____

RECORD OF EMPLOYMENT:

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in the place of completing the required information. Attach additional paper if needed.

(Continued on other side)

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Duties: _____
Reason for Leaving: _____

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Address: _____
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WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with HitchDoc is at-will, meaning that I or the Organization may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Organization to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Organization requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____