



**HEDBERG SUPPLY**  
**Application for Employment – Page 1**  
 An Equal Opportunity Employer

Hedberg Supply does not discriminate against any employee or applicant for employment because of race, color, creed, religion, ancestry, national origin, sex, affectional preference, disability, age (except as required by law), marital status or status with regards to public assistance. Individuals will not be excluded from employment rights, participation in or be denied the benefits of, or be otherwise subjected to discrimination under any program, service or activity under the provisions of any and all applicable federal, state, and local laws against discrimination.

Hedberg Supply prohibits the harassment of any employee or job applicant because of sex or national origin or race.

**Answer ALL questions completely. Please print. Be sure to complete all applicable pages.**

Position applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

**JOB INTEREST:**

Employment you are seeking: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	When can you begin work?	Salary required? \$ _____ Per _____
Are you able to occasionally work at alternate locations as may be required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by Hedberg Supply? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates employed:      From: _____ to _____ Position: _____	
I was referred to Hedberg Supply by: (check one) <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Employee <input type="checkbox"/> Other	Are you available for overtime work in the evening and/or on weekends as may be required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATION:**

School Name & Location	No. Of Years Completed	Graduate	Degree, diploma or certificate, and area of study
High school last attended:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational, technical school:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or university:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**HEDBERG SUPPLY**  
**Application for Employment – Page 2**  
 An Equal Opportunity Employer

**EMPLOYMENT HISTORY:** List most recent employer first. Include U.S. Military Service (show rank/rate at discharge, but not type of discharge).

Employer (company name):	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) From:                      to:	Salary: Begin:                      End:
City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Employer (company name):	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) From:                      to:	Salary: Begin:                      End:
City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Employer (company name):	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) From:                      to:	Salary: Begin:                      End:
City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Have you ever been discharged by an employer:    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

May we contact the employers you have listed?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
 If no, please explain: \_\_\_\_\_

-Continued on next page-

**HEDBERG SUPPLY**  
**Application for Employment – Page 3**  
 An Equal Opportunity Employer

Please rate your skills for the programs listed below and describe your experience.

Software	Beginner or no experience	Intermediate User	Proficient User
Excel			
Word			
Outlook			
Access			
Additional Software Programs			

Please list the equipment that you can operate proficiently (if applicable to the position you are applying for): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List additional skills that you may have which would benefit the position you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Name:	Position:	Phone Number:
Name:	Position:	Phone Number:
Name:	Position:	Phone Number:

May we contact your references listed above? \_\_\_\_ Yes \_\_\_\_ No

**HEDBERG SUPPLY**  
**Application for Employment – Page 4**

An Equal Opportunity Employer

Hedberg Supply has policies on sexual harassment and equal opportunity, policies which require employees to perform all assigned work and necessary overtime, policies requiring wage or salary deduction authorizations by employees for company property, debts or moneys not returned or repaid, an at-will employment policy, and policies requiring employees to observe all standards of conduct and policies of Hedberg Supply.

**Pre-employment Physicals** – Some positions may require a satisfactory pre-employment physical. When this is the case, the job offer will be contingent on satisfactory examination results. If a physical examination is required, Hedberg Supply will select the physician and pay the cost. Please be aware that in order to schedule a pre-employment physical with the Allina Occupational Health clinic that we use, we are required to give them your social security number.

**ACKNOWLEDGEMENT: PLEASE READ AND SIGN**

By my signature below, I promise that the information provided in this employment application (and in any related documentation or interview) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date.

I authorize any person, school, current or prior employer named in this form (or related documents or interview) to provide Hedberg Supply with any information and opinion requested by Hedberg Supply in connection with my application, and I release such persons, employers, and schools from any liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted policies of Hedberg Supply. I understand and agree that, if hired, my employment is at-will and is for no definite period of time, and may, regardless of the date of payment of wages or salary, be terminated at any time for any reason.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY HIRING SUPERVISOR**

**New Hire**    **Rehire**    **Return from Lay Off**

**START DATE** \_\_\_\_\_ **Original Hire Date** \_\_\_\_\_

**Employee's name (PRINT)** \_\_\_\_\_

**Social Security** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Status**    Full Time (year around)    Part-Time (year around)  
 Full-Time Seasonal (**hired before 5/1, 30+ hrs, work until laid off**)  
 Summer Help (**Any seasonal employee hired after 4/30**)

**Department Name** \_\_\_\_\_

**Location**    PLYM    FARMINGTON  
 MASONRY    STILLWATER

**Position Title** \_\_\_\_\_

If this is a supervisor/manager position, please list direct reports: \_\_\_\_\_  
\_\_\_\_\_

**Time Card Number** \_\_\_\_\_

**Hiring Supervisor (PRINT):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Salary Information**

Non-exempt

Rate of pay per hour \$ \_\_\_\_\_

Exempt

Annual Salary \$ \_\_\_\_\_

Auto Allowance: Yes \_\_\_\_\_ \$ \_\_\_\_\_ per month  
No \_\_\_\_\_

**Additional Information:**

Telephone ext/Voice Mail: Yes \_\_\_\_\_ No \_\_\_\_\_

Nextel: Yes \_\_\_\_\_ Number \_\_\_\_\_  
No \_\_\_\_\_

**Keys to be issued:**

Entrance \_\_\_\_\_ Gate \_\_\_\_\_

# This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre screen job applicants or to re verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

## NOTICE:

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**

**Employment Verification.**  **Done.**

For more information on E-Verify, please contact DHS at:  
**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

