



# ALEXANDRIA EXTRUSION COMPANY

401 Cty Rd 22 NW  
Alexandria, MN 56308  
320-763-6537  
alexandrialextrusion.com

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

ALEXANDRIA EXTRUSION COMPANY is an **Equal Opportunity Employer** and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal laws.

### PERSONAL INFORMATION

LAST NAME FIRST MIDDLE

STREET ADDRESS

CITY STATE ZIP SOCIAL SECURITY NUMBER

HOME PHONE ALTERNATE PHONE

Do you have a high school diploma or GED?  Yes  No  
 Are you age 18 or over?  Yes  No  
 Have you ever applied for employment with us?  Yes  No  
 If Yes: Month and Year \_\_\_\_\_

Position Desired: \_\_\_\_\_

Shift Preference: Shift 1 (6:30 a.m./2:30 p.m.), Shift 2 (2:30 p.m./10:30 p.m.),  
Shift 3 (10:30 p.m./6:30 a.m.), Weekends OR Flexible

Pay Expected \_\_\_\_\_

Will you work overtime if asked?  Yes  No

When will you be available to begin work? \_\_\_\_\_

Have you ever been convicted of a felony in the last 10 years?  Yes  No  
 If Yes, give details (type, city, state, date) \_\_\_\_\_

**(Conviction of a crime will not automatically disqualify you from employment)**

Are there any hours you cannot work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Other special training or skills (languages, machine operation, etc.) \_\_\_\_\_

How did you learn of our organization?  Advertisement (where) \_\_\_\_\_

Alexandria Extrusion Employee (name) \_\_\_\_\_  
 Employment Office (name) \_\_\_\_\_  
 Walk In  Friend/Relative

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**Education**

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SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
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College

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High School

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Other (Specify Type)

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SPECIAL SKILLS AND QUALIFICATIONS \_\_\_\_\_

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**Employment (Starting with most recent)**

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1. Company Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

Employed (state month and year) From: \_\_\_\_\_ To: \_\_\_\_\_ Pay - Start: \_\_\_\_\_ Finish: \_\_\_\_\_

State job title and describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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2. Company Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

Employed (state month and year) From: \_\_\_\_\_ To: \_\_\_\_\_ Pay - Start: \_\_\_\_\_ Finish: \_\_\_\_\_

State job title and describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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3. Company Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

Employed (state month and year) From: \_\_\_\_\_ To: \_\_\_\_\_ Pay - Start: \_\_\_\_\_ Finish: \_\_\_\_\_

State job title and describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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4. Company Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

Employed (state month and year) From: _____ To: _____	Pay - Start: _____	Finish: _____
State job title and describe your work: _____	Reason for leaving: _____	_____
_____	_____	_____
_____	_____	_____

We may contact the employees listed above unless you indicate those you do not want us to contact.

Do not contact: Employer number(s) \_\_\_\_\_ Reason: \_\_\_\_\_

What are your present annual salary requirements?

\_\_\_\_\_

### **Military**

Have you ever served in the military?  Yes  No

If yes, did your military service and training provide you with skills you could put to use in this job?

Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **REFERENCES**

List at least three but not more than four persons who are not related to you in any way who have known you for at least one year.

Name	Telephone	Years Known
Address		
Name	Telephone	Years Known
Address		
Name	Telephone	Years Known
Address		
Name	Telephone	Years Known
Address		

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## TO BE READ AND SIGNED BY THE APPLICANT

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I understand and agree that I may be required to have one or more: physical or preplacement exam; drug or alcohol test; and any other necessary medical testing as a condition of hiring or continued employment. I agree to consent to take such test(s) at such times and with health care professionals designated by the Company and release the Company, its directors, officers, agents or employees and physicians administering tests and testing laboratories from any claim arising in connection with the use of such test(s). Positive results on drug and alcohol tests will result in ineligibility for employment or if hired, discipline up to and including discharge.

The information I have supplied on this application and in any oral statements is true and correct. I understand that any misstatements or misleading omissions will be considered sufficient cause for rejection as a candidate or for immediate discharge.

I understand and agree that if hired by ALEXANDRIA EXTRUSION COMPANY my employment is for no definite period of time and may be terminated at will by either party without cause or prior notice, and that none of the Company's practices or policies are to be construed as imposing any binding obligations on ALEXANDRIA EXTRUSION COMPANY and that they are subject to change and deletion at any time.

I understand that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States. If documents are not produced within 3 days of date of hire, employment will terminate.

I acknowledge that I have read and understand this agreement, and have signed this release voluntarily and of my own free will.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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## Interview Results (For office use only)

### INTERVIEWER NAME AND COMMENTS

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If not hired, reason for failure to employ. Also list the person's race, sex, and source of recruitment.

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