SUMMERS®

Employee Owned

Summers Manufacturing Co., Inc. Employment Application

103 Summers St. NW · Devils Lake, North Dakota 58301

We consider applicants for all positions without regard to race, color, religion, national origin, age, disability, veteran status, or any other legally protected status.

(Please Print)

Positions applied for _____ Date of application _____

How did you learn about us?

- ☐ DL Journal
- ☐ Benson County Press
- ☐ Job Service
- ☐ Current Summers Employee (Name)_____
- ☐ The Peddler
- ☐ Radio
- ☐ Other Please explain _____

Last Name _____ First Name _____ Middle _____

Address _____

City _____ State:_____ Zip Code_____

Telephone Number(s) _____ Social Security Number (Voluntary): _____

Email address:

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No
If Yes, give date_____

Do any of your relatives work here? ☐ Yes ☐ No
If Yes, state name, relationship and location_____

Have you ever been convicted, plead guilty or no contest to any crime other than a minor traffic offense? If yes, please explain:_____ ☐ Yes ☐ No

a yes answer will not necessarily disqualify you for employment

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment

Date available for work _____/_____/_____ What is your desired salary range?_____

Location Preference

- ☐ **Devils Lake** 6:00 A.M. - 3:00 P.M. (M-F)
- ☐ **Devils Lake** 8:00 A.M. - 5:00 P.M. (M-F)
- ☐ **Aberdeen** 8:00 A.M. - 5:00 P.M (M-F)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate / Professional				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	**Dates Employed**	**Work Performed**
Address	***From*** ***To***	
Telephone Numbers(s)		
Starting/Present Job Title	**Hourly Rate/Salary**	
Supervisor	***Starting*** ***Final***	**Email**
Reason for Leaving		**May We Contact?** ☐ Yes ☐ No
Employer	**Dates Employed**	**Work Performed**
Address	***From*** ***To***	
Telephone Numbers(s)		
Starting/Present Job Title	**Hourly Rate/Salary**	
Supervisor	***Starting*** ***Final***	**Email**
Reason for Leaving		**May We Contact?** ☐ Yes ☐ No
Employer	**Dates Employed**	**Work Performed**
Address	***From*** ***To***	
Telephone Numbers(s)		
Starting/Present Job Title	**Hourly Rate/Salary**	
Supervisor	***Starting*** ***Final***	**Email**
Reason for Leaving		**May We Contact?** ☐ Yes ☐ No
Employer	**Dates Employed**	**Work Performed**
Address	***From*** ***To***	
Telephone Numbers(s)		
Starting/Present Job Title	**Hourly Rate/Salary**	
Supervisor	***Starting*** ***Final***	**Email**
Reason for Leaving		**May We Contact?** ☐ Yes ☐ No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the united States Military

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experiences.

SPECIALIZED SKILLS (Skills/Equipment Operated)

☐ Terminal
☐ PC/MAC

☐ Spreadsheet
☐ Word Processing

Production/Mobile Machinery (list)

Other (list)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members.*

Name	Phone Number	Email Address	Occupation
1			
2			
3			

APPLICANT'S STATEMENT

I certify that answers given herin are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to wheter or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature of Applicant Date