

Minneapolis Rag Stock, Co.

FOR RAGSTOCK STORES

APPLICATION FOR EMPLOYMENT

ALL APPLICANTS MAY BE SUBJECT TO PHYSICAL EXAMINATION UPON RECEIVING A CONDITIONAL OFFER OF EMPLOYMENT
ANY FALSIFICATION OF INFORMATION REQUESTED IS CAUSE FOR IMMEDIATE DISMISSAL
IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION, PLEASE ASK THE INTERVIEWER

PERSONAL INFORMATION

Social Security Number: _____ Phone Number: _____ Date: _____

Name: _____
(Last) (First) (Middle Initial)

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Are you prevented from lawfully becoming employed in this country? ___ Yes ___ No
*(Proof will be required prior to employment.)

Referred to our company by: _____

EMPLOYMENT DESIRED

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

Are you employed now? _____ If so may we inquire of your present employer? _____

Ever applied to this firm before? _____ Where? _____ When? _____

EDUCATION RECORD

| Name & Location of School | Number of Years Attended and Classes Attended | Graduated (Yes/No) |
|---|--|-----------------------|
| Grammar School | | |
| High School | | |
| College | | |
| Trade, Business or Correspondence Schools | | |

U.S. MILITARY SERVICE RECORD

Have you ever been in military service? ___ Yes ___ No Branch: _____ Rank: _____

Presently in National Guard or Reserves? _____

FORMER EMPLOYERS

List below all employers during the past 10 years starting with last one first.
Please provide a complete record and be specific.
Please ask for extra paper if you should need more space.

1. Present or Most Recent Employer: _____

Address: _____ Phone Number: _____

Type of Business: _____ Wage: (Starting) _____ (Present) _____

From: Mo / Yr / Mo / Yr To: Mo / Yr / Mo / Yr Reason for leaving: _____

Immediate Supervisor and Title: _____

Other individuals who supervised your work: _____

Your Position: _____ Size of Company: _____

Describe your duties and responsibilities in detail: _____

2. Employer: _____

Address: _____ Phone Number: _____

Type of Business: _____ Wage: (Starting) _____ (Present) _____

From: Mo / Yr / Mo / Yr To: Mo / Yr / Mo / Yr Reason for leaving: _____

Immediate Supervisor and Title: _____

Other individuals who supervised your work: _____

Your Position: _____ Size of Company: _____

Describe your duties and responsibilities in detail: _____

FORMER EMPLOYERS - CONTINUED

3. Employer: _____

Address: _____ Phone Number: _____

Type of Business: _____ Wage: (Starting) _____ (Present) _____

From: Mo / Yr / Mo / Yr To: Mo / Yr / Mo / Yr Reason for leaving: _____

Immediate Supervisor and Title: _____

Other individuals who supervised your work: _____

Your Position: _____ Size of Company: _____

Describe your duties and responsibilities in detail: _____

4. Employer: _____

Address: _____ Phone Number: _____

Type of Business: _____ Wage: (Starting) _____ (Present) _____

From: Mo / Yr / Mo / Yr To: Mo / Yr / Mo / Yr Reason for leaving: _____

Immediate Supervisor and Title: _____

Other individuals who supervised your work: _____

Your Position: _____ Size of Company: _____

Describe your duties and responsibilities in detail: _____

REFERENCES Give below the names of three persons not related to you, whom you have known at least one year.

| Name and Years Acquainted | Address of Person | Business/Position |
|---------------------------|-------------------|-------------------|
| 1) | | |
| 2) | | |
| 3) | | |

JOB RELATED INFORMATION

1. Have you ever been convicted of a crime? Yes No If yes, please explain: (You will still receive consideration for employment) _____

2. Would you have any difficulty or problem in performing the job? Yes No If yes, please explain: _____

3. Is there an accommodation which may enable you to perform the functions of the job? _____

4. Are there any transportation difficulties which could limit the hours you may work; i.e., bus schedules or car ride arrangements? _____

OTHER DATA

1. Were you ever bonded? _____ Yes _____ No

2. Do you have any relatives or friends working here? _____ Yes _____ No If so, please list their names: _____

3. Were you employed by our company before? _____ Yes _____ No
 If yes, when? _____ What position? _____
 Why did you leave? _____

4. In case of emergency please notify:

Name: _____

Address: _____

Telephone Number: _____

AUTHORIZATION AND CERTIFICATION

By my signature below, I authorize the company to make an inquiry on the information contained in this application if I am considered for employment. In consideration of the company's review of this application, I release the company and all providers of information from any liability as a result of furnishing and receiving this information.

Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

I understand that employment may be conditioned upon a favorable health evaluation which may include a physical examination by a doctor. I agree to complete a health evaluation form after contingent job offer.

I understand that nothing contained in this employment application or in granting of an interview is intended to create a contract between me and the company or any affiliated company ("Company") for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the Company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the Company unless made in writing and signed by an authorized official of the Company.

| | | | | | | | | |
|---|--|--------------|-------------------|--------------------------|-----------------|--------------------|--|--|
| Last Name: _____ | | | First Name: _____ | | | Middle Name: _____ | | |
| Previous Name/ Maiden Name: _____ | | | | Date Changed: _____ | | | | |
| Street Address: _____ | | | | | | | | |
| City: _____ | | State: _____ | | | Zip Code: _____ | | | |
| Social Security Number: _____ | | | | Date of Birth: _____ | | | | |
| Driver License Number: _____ | | | | State of Issuance: _____ | | | | |
| I am willing that a photocopy of this authorization be accepted with the same authority as the original | | | | | | | | |

Signature: _____ Date: _____