



EMPLOYMENT APPLICATION
Attach Resume'

505 W 37th St, Hibbing, MN 55746
PO Box 340, Cloquet, MN 55720
2400 Myers Rd, Albert Lea, MN 56007

Equal Opportunity Employer

Date _____

Personal Information

Last Name _____	First Name _____	MI _____
Address 1 _____		
Address 2 _____		
City _____ ()	State _____ ()	Zip _____ ()
Daytime Phone _____	Evening Phone _____	Cell Phone _____
Email Address _____		Social Security Number _____
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, list birth date _____		
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State of issue _____ Class A B C D		
Driver's License Number _____		Expires _____
Did you have any DMV violations / citations in the last 5 years on or off the job in ANY state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below.		
Month / Year	Description of Violation / Citation	Month / Year

Employment Desired

Position Desired _____	Date you can start _____
Location Desired <input type="checkbox"/> North Operations (Cloquet - Hibbing)	<input type="checkbox"/> South Operations (Albert Lea)
Have you ever applied to Ulland Brothers, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When? _____	Where? _____
Referred by _____	

Education

	Name & Location of School	Number of Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

General

Subjects of special study or research work _____
Special Skills _____
US Military Service _____ Rank _____
Present membership in National Guard or Reserves _____

Employment History

List below last three employers, starting with last one first.

Date (Month and Year)		Name & Address of Employer	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					

Which of these jobs did you like best? _____

What did you like most about this job? _____

References

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

Name	Address	Business	Years Acquainted

Important: Read Before Agreeing

The facts set forth in my application are true and complete. I understand that false statements on this application shall be considered cause for refusal of or separation from employment. I authorize investigation of all statements and matters contained in this application which Ulland Brothers, Inc. may deem relevant to my employment. I authorize all my previous employers or other persons having information concerning my record or me to report such information to the Company. I release the Company and any person providing information to the Company from all claims or liabilities whatsoever in connection with making such investigation or making such disclosures.

I agree to have a test for illegal drugs at Ulland Brothers, Inc.'s expense by a collector designated by Ulland Brothers, Inc. prior to final acceptance of employment, and at subsequent intervals as the employer may direct. In addition, I agree to have a medical examination, if required for the position I am applying for, by a designated doctor to determine my physical fitness for employment or continued employment in the event I am employed. I further understand that if employed the Company may bond me at their expense for any amount deemed necessary.

I understand that the Company makes no promise or agreement to employ me for a certain period of time. If I am employed, the Company may terminate my employment at any time with or without cause, for any lawful reason. Also, any employee of the Company is free to terminate his or her employment at any time.

I have read and agree: _____ Date: _____

Ulland Brothers, Inc.

APPLICANT DATA RECORD

As employers/government contractors, we comply with government and affirmative action responsibilities. To help us comply with government record keeping, reporting and other legal requirements, we would appreciate your cooperation in completing the Applicant Data Record. This data is for periodic government reporting only and will be kept CONFIDENTIAL. This Data Record will be kept separate and will not be considered part of your Application for Employment.

Please Print All Information

Date: _____

Position applied for (new applicants only): _____

Referral Source:

- | | | | |
|--------------------------|---------------|--------------------------|-------------------|
| <input type="checkbox"/> | Advertisement | <input type="checkbox"/> | Employment Agency |
| <input type="checkbox"/> | Walk-In | <input type="checkbox"/> | Relative |
| <input type="checkbox"/> | Friend | <input type="checkbox"/> | Other: _____ |

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____
Area Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnic background, disability status and veteran status of applicants for employment. This data is for analysis and affirmative action only. Submission of information about disability is voluntary.

Check all that apply:

- | | | | |
|--------------------------|---------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Male | <input type="checkbox"/> | White |
| <input type="checkbox"/> | Female | <input type="checkbox"/> | American Indian / Alaskan Native |
| <input type="checkbox"/> | Vietnam Era Veteran | <input type="checkbox"/> | Black |
| | | <input type="checkbox"/> | Hispanic |
| | | <input type="checkbox"/> | Asian / Pacific Islander |

EQUAL OPPORTUNITY EMPLOYER

Ulland Brothers, Inc.

DISABILITY NOTIFICATION & ACCOMODATION & VETERAN STATUS

Please circle those items below that apply:

YES NO Disabled Veteran
A disabled veteran is a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

YES NO Veteran of the Vietnam era
A person who: (A) served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days and was discharged, if any part of such active duty occurred 1) in the Republic of Vietnam between February 18, 1961 and May 7, 1975, or 2) between August 5, 1964 and May 7, 1975, in all other cases, or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed 1) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or 2) between August 5, 1964 and May 7, 1975, in all other cases.

YES NO Other Veteran
Veterans who serviced in the military, ground, naval or air services of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

YES NO Individual with a disability
An individual with a disability is anyone who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or who has a record of such impairment, or who is known to have a history of such impairment.

Disability Accomodation

You are invited to explain below and suggest any ways in which we can reasonably accommodate your disability to assist you in performing your job properly and safely.

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