



APPLICATION FOR EMPLOYMENT

Please Print – Answer all questions

200 West Rock Street, Mankato, MN 56001
 507-345-5018 www.dotson.com Fax 507-345-1270

Prospective employees will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, genetic information, sexual orientation, or age or any other category protected by law.

Date: _____

How did you hear about the position? _____

Last Name	First	Middle	Home Phone
Street Address			Cell Phone
City	State	Zip	E-Mail

Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for employment with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, month & year	
Have you ever worked at The Dotson Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates and reason for leaving	

Positions (Check all that may apply)

<input type="checkbox"/> Production	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Office/Management	<input type="checkbox"/> Machining	<input type="checkbox"/> Lab Tech (part time)
Shift(s) able to work	<input type="checkbox"/> 3 rd – 10pm to 6am (beginning on Sunday evening) <input type="checkbox"/> 1 st – 6am to 2pm <input type="checkbox"/> 2 nd – 2 ^{pm} to 10pm <input type="checkbox"/> Weekends			Part time hours available

Education Training and Interests

	Name and Location	Courses of Study	No. of Years Completed	Did you Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Training, Certificates, Licenses and Skills				
Activities, Interests and Hobbies				



EMPLOYMENT HISTORY

Please give an accurate and complete employment record

Military Service

Branch	From (Mo. & Yr)	To (Mo. & Yr)
Describe skills & training		

Most Recent Employer

Company	Phone	
Address	Supervisor	
Job Title	Starting Hourly Wage \$	Ending Hourly Wage \$
Responsibilities		
From (Mo. & Yr)	To (Mo. & Yr)	Reason for Leaving
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, reason

Employer

Company	Phone	
Address	Supervisor	
Job Title	Starting Hourly Wage \$	Ending Hourly Wage \$
Responsibilities		
From (Mo. & Yr)	To (Mo. & Yr)	Reason for Leaving
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, reason

Employer

Company	Phone	
Address	Supervisor	
Job Title	Starting Hourly Wage \$	Ending Hourly Wage \$
Responsibilities		
From (Mo. & Yr)	To (Mo. & Yr)	Reason for Leaving
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, reason

Employer

Company	Phone	
Address	Supervisor	
Job Title	Starting Hourly Wage \$	Ending Hourly Wage \$
Responsibilities		
From (Mo. & Yr)	To (Mo. & Yr)	Reason for Leaving
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, reason



Personal References

Name		Phone	
Years Known		Relationship	
Name:		Phone	
Years Known		Relationship	
Name		Phone	
Years Known		Relationship	

Other Information

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to add any information to describe your qualifications for working in our manufacturing facility. Also, please explain any gaps in your employment history.

Certification

I certify that my answers are true and complete to the best of my knowledge.

I understand that false information, omission or misrepresentation of facts in my application or interview may result in rejection of my application or discharge at any time during my employment.

I also understand that the use of illegal drugs is prohibited during my employment. If company policy requires, I am willing to submit to medical examinations to determine fitness for employment and drug testing to detect the use of illegal drugs prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite periods of time, but will be for an indefinite period, terminable at will by Dotson or me.

Applicant Name _____

Signature _____ Dated _____

Did you complete this application yourself? Yes No If not, who did?



REFERENCE RELEASE FORM

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Prospective employees will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, genetic information, sexual orientation, or age or any other category protected by law.

I, _____, request and authorize the release of information from my
(Applicant)
records(s) in response to any requests for the same from Dotson Company, which is considering me for employment.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In exchange for Dotson Company's consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides work-related information about me to Dotson Company or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal action against Dotson Company or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Signature _____
(Applicant)

Date _____



Employee Voluntary Self Identification Information

Prospective employees will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, genetic information, sexual orientation, or age or any other category protected by law.

Our company is an Equal Employment Employer and as such, we are required to collect and maintain information related to employees in order to meet governmental recordkeeping and reporting requirements.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following page. Please note that the information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. Providing this information is voluntary and refusal to do so will not result in any adverse treatment. The information you provide will be kept separate from your personnel file and held in strict confidence.

Thank you for your cooperation in this important initiative.

PART I – General Information

Name _____

Position _____ Date _____

PART II – Gender, Ethnicity and Race Information

Gender: Female
 Male

Ethnicity and Race: Check ONE box only from the list below

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- White** (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- Black or African American** (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) A person having origins in any of the peoples OF Hawaii, Guam, Samoa, or other Pacific Islands.

- Asian** (Not Hispanic or Latino) A Person having original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- American Indian or Alaskan Native** (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- Two or More Races** (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

I do not wish to provide the information requested above