



Columbia Gear Corporation

A Subsidiary of Industrial Manufacturing Company
530 County Road 50
Avon, Minnesota 56310

APPLICATION FOR EMPLOYMENT

Please Print in Full:

Last Name _____ First Name _____ Middle Name _____ Date _____
 Address _____ Social Security No. _____
 City _____ State _____ Zip _____ County _____ Telephone _____

Position Applied For: _____
 Willing to work any shift? Yes _____ No _____ Shift Preference 1 _____ 2 _____ 3 _____
 Employment desired: Regular _____ Part-time _____ Date available to start work _____
 Have you ever worked here before? Yes _____ No _____ If yes, what were your responsibilities _____
 Salary/Hourly Wage Desired _____ Referred by: _____
 How did you hear about our company? _____

EDUCATIONAL RECORD	(Name and Address)	Years Completed
Elementary School		1 2 3 4 5 6 7 8
High School		9 10 11 12
College or University		1 2 3 4 Major Field: _____ Degree: _____

Additional Educational Information: _____

PERSONAL INFORMATION

- Have you ever been convicted of a felony? _____
 If yes, give particulars _____
 (Answering "yes" does not necessarily bar an applicant from employment)
 - An applicant must answer this question unless the record has been expunged (sealed) by the courts
 The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position applied for.
- Military Status:
 Service U.S. Forces From _____ To _____
 Branch _____
- Are you legally eligible for employment in this country? Yes _____ No _____
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

EXPERIENCE

If you are an experienced operator of any office machines or equipment, please list _____

If you are an experienced operator of any plant machines or equipment, please list _____

Note: This application is considered active for **six months**. At the conclusion of that time, if you not heard from us and still wish to be considered for employment, it will be necessary for you to complete a new application if there are any open positions.

Include U.S. military service and any periods of unemployment. Give complete names and address. If self-employed, give firm name and one business reference. Do not leave blank dates. All time must be accounted for.

Employed From/To	(Give most recent employer first.) Employers Name and Address	Name of Last Supervisor and Phone #	Describe your Duties/Responsibilities	Wage Rate	Reason for Leaving

May we contact your present employer at this time? Yes No

Are there any additional comments you would care to make regarding your experience or special skills?

Why are you interested in employment here?

What do you consider your greatest qualifications?

AFFIDAVIT: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without prior notice. I agree to abide by Company policy and rules. I understand that no representative other than the Company president has the authority to enter into any agreement for employment or to make any agreement contrary to the foregoing. I also understand any such agreement must be in writing.

Signature _____ Date _____

LIST REFERENCES

- 1) Name _____ Phone No. _____
Yrs. Known and in What Capacity _____
Address _____

- 2) Name _____ Phone No. _____
Yrs. Known and in What Capacity _____
Address _____

- 3) Name _____ Phone No. _____
Yrs. Known and in What Capacity _____
Address _____

COLUMBIA GEAR CORPORATION is an Equal Opportunity Employer and is required by government regulations to maintain certain records pertaining to the individual characteristics of applicants. The information requested below *will not* be used in any way as a basis for making an employment decision and *will not* be a part of your application. Your submission of this information is *completely voluntary*. It is confidential and will be used only for statistical purposes. Refusal to provide information will not affect your opportunity for employment.

Date _____

Application Name (last) _____ (first) _____
(PLEASE PRINT)

Job or position you are applying for: _____

Sex: Male Female

The following questions are for race/ethnic information. Please check the appropriate box.

- White
- Black
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native

Thank you for supplying this information