

Application for Employment

It is our policy to make reasonable accommodations for persons with disabilities in the hiring process. If your disability prevents you from reading or filling out this application form, please let us know, and we will provide assistance.

Title of Specific Position for Which You Are Applying		Date of Application	Date Available for Work
Last Name	First Name	Middle Initial	
Mailing Address	City	State	Zip
Email Address	Are you 18 years of age or over?		Residence Phone
County of Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Date of Birth	Business Phone

Education

Did you graduate from high school or receive a GED?

<input type="checkbox"/> No <input type="checkbox"/> Yes	School Attended	# of Years (7-20)		
Name and Location of College, University, Technical Schools		Did you Graduate?	Certificate or Degree	Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment

(List employment history, but do not provide dates of employment for jobs held more than five years ago.)

Employing Firm	From	Month	Year	To	Month	Year
Address	Reason for Leaving					
Phone Number	Supervisor					
Your Title	Supervisor's Title					
May we contact this employer?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain.						
Principal Responsibilities						

Employing Firm	From	Month	Year	To	Month	Year
Address	Reason for Leaving					
Phone Number	Supervisor					
Your Title	Supervisor's Title					
May we contact this employer?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain.						
Principal Responsibilities						

Employing Firm	From	Month	Year	To	Month	Year
Address	Reason for Leaving					
Phone Number	Supervisor					
Your Title	Supervisor's Title					
May we contact this employer?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain.						
Principal Responsibilities						

Are you willing to work overtime?	What shift would you prefer? (If applicable)	Are you willing to work other shifts?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Yes <input type="checkbox"/> No	1st 2nd 3rd	If Yes, what shifts?	1 st 2nd 3rd

Job Relevant Volunteer and Unpaid Work Experience

Kind of Volunteer Activity (Do not specify organization.)	Major Responsibilities	# Hours/Week	Length of Service

Describe any additional experience or training that qualifies you for this job

References

(Give us the names of three people outside of relatives who can be contacted regarding your qualifications, work habits and character.)

Name	Present Address	Phone	Position and relation to your work

Military

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? Yes No

Felony Conviction

Have you served a sentence in jail or prison or been convicted of a felony for which a jail sentence could have been imposed? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside or purged or if you have been pardoned pursuant to the law. No Yes If "Yes," attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar your from employment but may be used to direct your interests to areas less related to the areas of your conviction.

In connection with this application for employment, I authorize the CH Corp. its owners or parent company and any agent acting on it's behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the employer and any agent acting on it's behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Yes Yes, but not present employer until job is offered. No (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above.

Date _____ Signature(Do not print) _____

Please submit this application in person to the CH Corp. store location at 213 Bush Street in Red Wing, MN. If you have any questions regarding employment with us, please call 651-388-1480.