



**MTU ONSITE ENERGY**

100 Power Drive  
Mankato, MN 56001  
Phone (507) 625-7973 Fax (507) 6225-2968  
A Tognum Group Company

**Application for Employment**

Rev. 09/05/08

We appreciate your interest in our Company. To ensure that we obtain a clear understanding of you qualification and background, be sure to complete the entire application and **sign at the end**. You may attach a resume to supplement this application but to receive consideration the application must be completely filled out, signed and dated. Thank you for your cooperation and time in fulfilling this assignment.

This company is an equal opportunity employer and does not unlawfully discriminate against otherwise qualified individuals on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or disability, height or other legally protected status.

**PERSONAL:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please state ay other names you have used in school or at any previous jobs. \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Are you 18 years of age or older?

Yes \_\_\_ No \_\_\_ Are you authorized to work in the United States?

Yes \_\_\_ No \_\_\_ Have you been employed previously in the Company? If yes, list dates and supervisors:

**EMPLOYMENT DESIRED:**

Position(s) applied for: (1<sup>st</sup> choice) \_\_\_\_\_

Kind of work desired – Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Other \_\_\_\_\_

Answer only if applicable to the job applied for:

Yes \_\_\_ No \_\_\_ Are you available to work overtime?

Yes \_\_\_ No \_\_\_ Are you available to work any shift? Prefer: Day \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Don't Care \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Are you available to travel?

Yes \_\_\_ No \_\_\_ Do you have a valid driver's license?

Yes \_\_\_ No \_\_\_ Are you willing to relocate?

Do you have any special training, skills, qualifications, or other experiences that relate to the position(s) applied for?

Yes \_\_\_ No \_\_\_ Have any professional licenses or certificates been revoked or suspended?

Yes \_\_\_ No \_\_\_ Are you physically or otherwise **unable** to perform the duties of the job for which you are applying?

Starting pay desired: \_\_\_\_\_ Date available for work: \_\_\_\_\_

**EDUCATION:**

NAME OF SCHOOL (Include Location, City, State)	Dates Attended	Diplomat/Degree & Major	Grade GPA
High School			
College/University			
Vocational/Training			

Any other education? \_\_\_\_\_

**MILITARY SERVICE:**

Have you ever served in the Armed Forces of the United States? Yes \_\_\_ No \_\_\_ If yes, what branch? \_\_\_\_\_

Principle duties of job? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List ALL jobs including self-employment. Begin with present or most recent employer first.

Date: Month & Year	Name of Employer	Salary or Wage	Position	Reason For Leaving
From:				
To:				
Job Title & Responsibilities:				
Name & Title of Supervisor:				

Date: Month & Year	Name of Employer	Salary or Wage	Position	Reason For Leaving
From:				
To:				
Job Title & Responsibilities:				
Name & Title of Supervisor:				

Additional Employment: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Give the names, addresses and phone numbers of three references that are not related to you and are not previous employers.		
Name	Address	Phone

Yes \_\_\_ No \_\_\_ Have you been convicted of a felony in the past five (5) years? If yes, please explain (include dates & location). Conviction will not necessarily disqualify an applicant from employment. \_\_\_\_\_

List professional, trade etc.: \_\_\_\_\_

I have not knowingly withheld any circumstances that might, if disclosed, affect my application unfavorably. I understand and agree that if any statements made by me on this application prove to be false or misleading or incomplete, it will prevent me from being hired, or if hired, it will be grounds for my immediate dismissal from employment. I hereby authorize all persons or organizations to provide the company with any information they have regarding me in connection with this application of employment, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give written notice of such disclosure. And I release them from any and all liability for any and all damages whatsoever for providing such information. I hereby agree that a full report of my record as an employee, information as to my ability, and also the cause for my leaving the company may be given to any person with whom I may hereafter seek employment without any obligation to give me written notice of such disclosure. And I hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures. I understand and agree that, as a condition of employment, if employment is offered, I must be authorized to work in the United States and demonstrate that authorization as required by the Immigration Reform and Control Acts of 1986. I understand that if reasonable accommodation is required due to a disability, I must inform the Human Resource Personnel for this Company. I hereby consent to having an examination and/or test for drug and alcohol use conducted by a physician or other professional of the Company's choice, and I understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s). I further agree that my employment is conditional on the results of this examination(s) or test(s). I further agree that my employment is conditional until such time as the results of my post-offer physical (if such a physical is required) is known. In consideration of my employment, I agree to comply with the rules, regulations or policies as may be subsequently established. I acknowledge and agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time at the option of either the Company or myself. I understand that no officer, manager, employee or representative of the Company, other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any change in the foregoing agreement must be in writing and signed by the President. I agree not to commence any action or suit relating to my employment in the Company more than six (6) months after the date of termination of such employment, and agree to waive any statute of limitations to the contrary.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Note: This application will remain active for sixty (60) days pertinent to the position applied for. Please feel free to fill out an additional application for other openings.