



# Employment Application

HR@mfg-partners.com

www.mfg-partners.com

**Manufacturing Partners, Inc.**

301 County Road 43 NW, PO Box 69  
Big Lake, MN 55309  
PH: (763) 263-9053  
FX: (763) 263-9050

## PERSONAL INFORMATION

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
Home Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Email)  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Are you a U.S. Citizen?  Yes  No  
Please Explain if No: \_\_\_\_\_

How did you learn about our company? \_\_\_\_\_  
Position you are applying for: \_\_\_\_\_ Desired Wage: \_\_\_\_\_  
Are you currently employed?  Yes  No  
Today's Date: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

## EDUCATION

Type of School	Name & Location	Graduate / Degree	Major / Study
High School			
College / University			
Trade School			

Please List Other Skills or Abilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact them?  Yes  No

**Employer:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Pay Rate: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact them?  Yes  No

## REFERENCES

Name	Title	Company	Phone

## ACKNOWLEDGEMENT AND AUTHORIZATION

- I certify that all answers given are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date



# Background Authorization Check

[www.mfg-partners.com](http://www.mfg-partners.com)

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### PERSONAL INFORMATION

Date:

The following named individual has made application with this agency for employment

*Please Print*

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

Middle:(full) \_\_\_\_\_

Maiden, Alias, or Former \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Manufacturing Partners, Inc. for the purpose of employments with this agency.

The expiration of this authorization shall be one year from the date of my signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date