



Employment Application

Your Contact Information

First Name

Middle Initial

Last Name

Social
Security #

Date of Birth

Street
Address

City

State

Zip

Phone

E-mail
Address

Position Information

Which
position are
you applying
for?

When can you
start?

If employed,
can you
provide proof
of legal
eligibility to
work within
the United
States?

Yes
No

Work hour availability.

Household insurance coverage needed.

Full Time
Day
Nights

Part Time
Evening
Weekends

Single

Family

Hobbies / Volunteer Work

What are some of your hobbies / volunteer activities?

Education

High School Attended

Graduation Date

Did you receive a diploma?

Yes
No

College attended

Field of study

Graduation date

Did you receive a degree?

Yes
No

Trade school attended

Type of trade

Date completed

Did you receive a certificate of completion?

yes No

Any additional school/ certification information

Military Service

Have you served in the United States Military?

Yes
No

Branch of service

Dates of service

Job title

Type of discharge

Honorable
Administrative
Dishonorable

Personal Data

Have you ever been indicted or imprisoned of a crime in the last seven years? (A conviction will not necessarily prevent employment from Elander Mechanical Inc.)

If yes, what conviction/indictment?

Yes

No

Do you have any physical or mental disabilities that may limit your ability to complete the job that you are applying for? (A conviction will not necessarily prevent employment from Elander Mechanical Inc.)

If yes, what disability?

Yes

No

Work History

Employer One

Company Name

Job Title

Street Address

City

State

Zip

Supervisor

Phone Number

May we contact this employer?

Yes

No

Employment end date

Employer Two

Company Name

Job Title

Street Address

City

State

Zip

Supervisor

Phone Number

May we
contact this
employer?

Yes
No

Employment end date

Employer Three

Company Name

Job Title

Street Address

City

State

Zip

Supervisor

Phone Number

May we
contact this
employer?

Yes
No

Employment end date

References

First Name

Last Name

E-mail
Address

Phone

First Name

Last Name

E-mail
Address

Phone

First Name

Last Name

E-mail
Address

Phone



ELANDER

MECHANICAL INC.

Consent for Minnesota Vehicle Report

I hereby grant permission for my employer to obtain all necessary information from my personal Minnesota license record.

Full Name

Street Address

City, State, ZIP

Driver's License Number

Signature: _____

Today's Date

Direct Deposit Authorization or Cancellation Request

Full Legal
Name:

Identification
Number:

Social
Security
Number:

Bank Name /
Branch

Transit /
Routing
Number

Primary
Account
Number

Primary
Account Type

Checking Account
Savings Account

Secondary
Account
Number (If
Applicable):

Secondary
Account Type
(If Applicable)

Checking Account
Savings Account

Check all that apply:

Direct Deposit - the undersigned hereby requests and authorizes the entire amount of my check each pay period to be deposited directly into the bank account named above.

Direct Payroll Deduction Deposit - The undersigned hereby requests and authorizes the amount listed in section A to be deducted from my paycheck each period and to be deposited directly into the secondary bank account named above.

I Would Like To Cancel My Deposit Authorization - The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

Section A:

Signature: _____ Date: _____

Note: Please return this authorization form and a voided check for the above account(s) to Elander's Office.

I, _____, Hereby authorize Elander Mechanical violation of municipal, country, state, or federal laws. This information will include, but not be limited to, allegations regarding and convictions, for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until Elander Mechanical Inc. receives notification from that agency clearing me, my application will be deferred.

As an applicant for an Elander Mechanical Inc. Staff position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of or entered a plea of nolo contendere, or guilty to any offense similar to those listed on the application. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea or nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or of any other state for any acts similar in nature to those listed on the application.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child; nor do I have confirmed report of child abuse, neglect, or exploitation which has been uncontested or upheld administratively under the laws of this or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied a position at Elander Mechanical Inc. or, if already accepted, terminated from my position at Elander Mechanical Inc.

_____ Date: _____
(Signature)

Full legal Name of Applicant

Date of Birth

Sex

Race

Social Security Number

Driver's License Number

State of License Issuance

Date of Expiration of License

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Elander Mechanical Inc., any former employer, educational institutions, or any other person giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signature: _____

Date: _____