

EMPLOYMENT APPLICATION



Park Manufacturing Corporation

555 Garfield Street South
Cambridge, Minnesota 55008

FAX 763-552-2060

Park Manufacturing Corporation is an Affirmative Action/Equal Employment Opportunity Employer. It is our policy to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, creed, ancestry, sexual orientation, marital status, registered domestic partner, partner status, physical or mental disability, medical condition including genetic characteristics, status with regard to public assistance, veteran status, or any other consideration made unlawful by federal, state, or local laws.

APPLICANT INFORMATION

DATE:

Applicant First, Middle, Last Name:
Address:
City/State/ZIP:
Number of years at this address:
Daytime phone: Evening phone:

Job Position Applied For:
(If applying for a production/assembly position, your application will be shared with Masterson's Staffing in Cambridge, MN.)

Salary Desired: \$ per

Who referred you to Park Mfg. Corp.?

Do you have any relatives working at Park Mfg. Corp.? Yes No
If yes, please list name(s) and relationship(s):

Have you applied to our company previously? Yes No
If yes, when?

Are you at least 18 years old? Yes No

Preferred Shift: (please circle) 1st (6:00am to 4:30pm) or 2nd (4:30pm to 2:55am)

Are you willing to work any shift? Yes No
If no, please state any limitations:

If applicable, are you available to work overtime? Yes No
If you are offered employment, when would you be available to begin work?

Are you legally eligible for employment in the United States? Yes No

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Are you able to perform the essential functions of the job position with or without reasonable accommodation?
 _____ Yes _____ No

What reasonable accommodation, if any, would you require? _____

APPLICANT SKILLS

List any skills you have for the position you are applying and possible future positions. Enter the number of years of experience, and indicate your level of proficiency. Also, please give an example of the type of experience.

Years Of Exper.	Area of Knowledge/Skill	Specific Type of Experience (Example)	Proficiency Lvl		Years Of Exper.	Area of Knowledge/Skill	Specific Type of Experience (Example)	Proficiency Lvl	
			Entry = 1	Skilled = 2				Entry = 1	Skilled = 2
			Excellent = 3	Mastery = 4				Excellent = 3	Mastery = 4
	Accounting					Human Resources			
	Administrative					Inspection/QC			
	Analyst					Language (2nd)			
	Assembler					Machine Oper			
	AutoCad					Machine Shop			
	Braiding - wire					Mailroom			
	Call Center					Manufacturing			
	Clerical					Marketing			
	CNC Operator					Mechanic			
	Computer Skills					Packager			
	Customer Service					Purch/Buying			
	Data Entry					Quality Control/Insp			
	Drill Press					Receptionist			
	Elect. Assembler					Shipping/Receiving			
	Elect. Wiring					Soldering			
	Engineering					Telemktg/Collectns			
	Fabricator					Warehouse Work			
	Forklift - Sitting					Website Develop			
	Forklift - Standing					Welder			
	Graphic Design					Wiring			
	Heavy Equip. Oper					Other			

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APPLICANT EMPLOYMENT HISTORY

(List your current or most recent employment first. Please account for all periods of employment.)

Name of Employer		Address	City	State	Zip	Area Code/Telephone
Date Started	Starting Earnings	Starting Position			May we contact this employer?	
	Per Hour/Wk/Mon/Yr				Yes	No
Date Ended	Present (last) Earnings	Present (last) Position				
	Per Hour/Wk/Mon/Yr					
Name & Title of Present (last) Supervisor		Reason for leaving?				
Brief description of your responsibilities/duties:						

Name of Employer		Address	City	State	Zip	Area Code/Telephone
Date Started	Starting Earnings	Starting Position			May we contact this employer?	
	Per Hour/Wk/Mon/Yr				Yes	No
Date Ended	Last Earnings	Present (last) Position				
	Per Hour/Wk/Mon/Yr					
Name & Title of Supervisor		Reason for leaving?				
Brief description of your responsibilities/duties:						

Name of Employer		Address	City	State	Zip	Area Code/Telephone
Date Started	Starting Earnings	Starting Position			May we contact this employer?	
	Per Hour/Wk/Mon/Yr				Yes	No
Date Ended	Last Earnings	Present (last) Position				
	Per Hour/Wk/Mon/Yr					
Name & Title of Supervisor		Reason for leaving?				
Brief description of your responsibilities/duties:						

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APPLICANT EMPLOYMENT HISTORY - continued

(List your current or most recent employment first. Please account for all periods of employment.)

Name of Employer		Address	City	State	Zip	Area Code/Telephone
Date Started	Starting Earnings	Starting Position			May we contact this employer?	
	Per Hour/Wk/Mon/Yr				Yes	No
Date Ended	Last Earnings	Present (last) Position				
	Per Hour/Wk/Mon/Yr					
Name & Title of Supervisor		Reason for leaving?				
Brief description of your responsibilities/duties:						

Name of Employer		Address	City	State	Zip	Area Code/Telephone
Date Started	Starting Earnings	Starting Position			May we contact this employer?	
	Per Hour/Wk/Mon/Yr				Yes	No
Date Ended	Last Earnings	Present (last) Position				
	Per Hour/Wk/Mon/Yr					
Name & Title of Supervisor		Reason for leaving?				
Brief description of your responsibilities/duties:						

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Date Started	Starting Earnings	Starting Position			May we contact this employer?	
	Per Hour/Wk/Mon/Yr				Yes	No
Date Ended	Last Earnings	Present (last) Position				
	Per Hour/Wk/Mon/Yr					
Name & Title of Supervisor		Reason for leaving?				
Brief description of your responsibilities/duties:						

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Awards, Honors, Special Achievements: _____

Military Service:
_____ Yes _____ No

Branch: _____

Specialized Training: _____

REFERENCES

List any former employers or professionals, who would be willing to provide a professional reference for you, (whom are not related to you).

Name:	Title:	Company:	Phone:
Relationship:			

Name:	Title:	Company:	Phone:
Relationship:			

Name:	Title:	Company:	Phone:
Relationship:			

Please provide any other information that you believe should be considered:

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CERTIFICATION

I affirm that the information I have provided on this application and in any oral statements is true, correct, and complete and that I have not withheld any fact(s). I understand that any misrepresentation, falsification, omission or derogatory information that is discovered may prevent my being hired, or if hired, may subject me to disciplinary action, up to and including immediate employment dismissal. Receipt of this application does not mean that a job opening exists at Park Manufacturing Corporation and does not obligate Park Manufacturing Corporation in any way. This application is valid for 60 days. If I apply for another position with the company after this application expires, a new one will be required.

I authorize Park Manufacturing Corporation to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. If hired by Park Manufacturing Corporation my employment is for no definite period of time and may be terminated at will by either party with or without cause or prior notice. I also understand that none of the Company's practices or policies is to be construed as imposing any binding obligation on Park Manufacturing Corporation and that they are subject to change and deletion at any time. Moreover, no agent, representative, or employee of Park Manufacturing Corporation, has the power to alter or vary the voluntary nature of the employment relationship to the contrary.

I understand that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States. If documents are not produced within 3 days of date of hire, employment will be terminated.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS AND I HAVE SIGNED THIS RELEASE VOLUNTARILY OF MY OWN FREE WILL.

APPLICANT SIGNATURE

DATE



PRE-EMPLOYMENT INFORMATION FORM FOR WOMEN AND MINORITIES

Race/Ethnic Group:

Are you Hispanic/Latino? If yes, check and skip to Gender. Others use the race categories below:

- White
- Black
- Asian
- Am Indian/Alaska Native
- Hawaiian/Pacific Islander
- Two or More Races

Gender: Male: _____ Female: _____

_____ I do not wish to disclose my race/ethnic and/or gender status

Date Name (please print)

Signature

Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This Information Form will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.



PRE-OFFER SELF-IDENTIFICATION FORM FOR PROTECTED VETERANS

Park Manufacturing Corporation is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
 I AM NOT A PROTECTED VETERAN
 I DO NOT WISH TO DISCLOSE MY STATUS

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Date

Name (please print)

Signature



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date



Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.