



The Lindgren Group Employment Application

The Lindgren Group

Avtec Finishing . Nico Products

Avtec Finishing
9101 Science Center Dr
New Hope MN 55428

This company is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Date of Application: _____

Personal Information

First Name _____ Middle Name _____ Last Name _____ Provide upon Hire
 Social Security Number _____
 Street Address _____ City _____ State _____ Zip Code _____
 Contact Phone Number _____ Cell Phone Number _____ Email Address _____
 Are you 18 years old or over? Y N Are you authorized to work in the US? Y N
 How were you referred to our company?: Advertisement Employee School Walk-In Other: _____

Position Desired

For what position are you applying? _____ What date would you be able to start? _____
 Salary Desired: \$ _____ per _____ Hour _____ Week _____ Month _____ Year
 Schedule Desired: 1st Shift 2nd Shift Any Shift Could you work overtime? Y N
 Have you worked for us before? Y N If yes, when: _____ Position held: _____ Supervisor: _____
 Reason left: _____

Education

School Name	City & State	Degree or # of Years Completed	Major / Subject	GPA
High School			Graduated? Y N GED? Y N	
College / Trade School				
College / Trade School				
Other				

List any certificates earned or in progress, and/or any additional training programs not included in your formal education:

Skills

If applicable to the position for which you are applying, specify any knowledge that may be related to this position (including equipment used):

Previous Experience

Company Name	City / State	Phone #	Position Held	Employed From	To

May we contact your employer? Y N

Salary: \$ _____ per _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Company Name	City / State	Phone #	Position Held	Employed From	To

May we contact your employer? Y N

Salary: \$ _____ per _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Company Name	City / State	Phone #	Position Held	Employed From	To

May we contact your employer? Y N

Salary: \$ _____ per _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Professional References

Name	Title	Company	Phone #	Professional Relationship

Questions...(there's no right or wrong answers to this section)

How would your last supervisor describe you?

What would you like most to get out of this position? What circumstances are you looking for to make a long term career at this company?

Acknowledgement: READ - INITIAL - SIGN

- I Certify that all of the information I provided in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment, regardless of the timing or circumstances of discovery. [Redacted] (Initial)
- I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by The Lindgren Group Companies that such employment with The Lindgren Group Companies is at will, for no specified duration and may be terminated by either The Lindgren Companies of myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Lindgren Group Companies or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Lindgren Group Companies. [Redacted] (Initial)
- In consideration for employment with The Lindgren Group Companies, if employed, I agree to conform to the rules, regulations, policies and procedures of The Lindgren Group Companies at all times and understand that such obedience is a condition of employment. I understand that due to the nature of The Lindgren Group Companies business, attendance and punctuality are considered essential requirement of every job at The Lindgren Group Companies and that poor attendance or tardiness will result in disciplinary action. [Redacted] (Initial)
- I understand that if offered a position with The Lindgren Group Companies, a pre-employment drug/alcohol screening is required within 48 hours. I may be required to submit to a pre-employment medical examination and/or background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. [Redacted] (Initial)
- I understand to to applicable contracts regarding weapons, a criminal background check will be processed if offered conditional employment. The existence of a criminal record does not create an automatic barrier to employment but will be a factor for consideration of specific jobs. [Redacted] (Initial)
- I authorize any all schools, former employers, references, courts and any others who have information about me to provide such information to The Lindgren Group Companies and/or any of its representatives, agents or vendors and I release all parties involved from any all liability for any and all damage that may result from providing such information. [Redacted] (Initial)
- I understand that this application is considered current for six months. If I wish to be considered for employment after this period, I must fill out and submit a new application. [Redacted] (Initial)
- If hired, according to the Immigration Reform and Control Act of 1986, proof of citizenship or work authorization is required. As participants in E-Verify, we provide the Social Security Administration (SSA) and Department of Homeland Security (DHS) with each new hire's proof of citizenship or work authorization. I understand that I must provide satisfactory documents to establish my identity and right to work in the United States if I am offered a position within The Lindgren Group Companies, and that failure to provide this evidence will result in the termination of any job offer or employment. [Redacted] (Initial)
- By signing, I acknowledge I have read, understand and agree to the above statements.

Applicant's Signature _____

Date _____

Name and phone number of person completing this form, if other than applicant: _____