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*Eklund Design, LLC*

*Note: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable for your situation, but we ask that you answer all job-related inquires to the best of your ability. Engwall's is an Equal Opportunity Employer. All candidates will be evaluated on the basis of their qualifications for the job in question. Federal and/or state law prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other protected status. Please advise us if any accommodations are required to assist you in the application process.*

*Please Print*

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street, City, State & Zip Code

Phone  Home  Cell  Business

Position Desired \_\_\_\_\_ *Circle One* Full Time Part Time Other

Date Available \_\_\_\_\_ Compensation Desired \_\_\_\_\_

Have you ever applied for a position with us? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes," when? \_\_\_\_\_

Have you ever been employed by us? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes," when? \_\_\_\_\_

Do you have any relatives or close friends working here? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes," state identity and relationship \_\_\_\_\_

**EDUCATIONAL HISTORY**

School	Name & City/State	# of Years Completed	Degree	Major/Area of Study
High School				
College				
Graduate School				
Trade, Night, Business, or Correspond.				

**EMPLOYMENT HISTORY**

*In the following spaces, give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment.*

Employer	Employed From / MO/YR	Starting Position
Address		Last Position

Phone		To / MO/YR	Other Positions Held
Starting Salary	Final Salary		Supervisor

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Address			Last Position
Phone		To / MO/YR	Other Positions Held
Starting Salary	Final Salary		Supervisor

Employer		Employed From / MO/YR	Starting Position
Address			Last Position
Phone		To / MO/YR	Other Positions Held
Starting Salary	Final Salary		Supervisor

May we contact your previous employer?     Yes     No                      Previous employers?     Yes     No

Please identify any exceptions and reasons for not contacting: \_\_\_\_\_

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?     Yes     No                      If "yes" identify name(s) and relevant dates: \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?     Yes     No                      If "yes" please explain: \_\_\_\_\_

Except for vacation and holidays, how many work days were you absent during the last calendar year?

0-5 days     5-10 days     10-15 days     15-20 days     21+ days

During the prior year?

0-5 days     5-10 days     10-15 days     15-20 days     21+ days

*MILITARY EXPERIENCE*

Have you ever served in the U.S. Armed Forces?     Yes     No                      Dates Served: \_\_\_\_\_

Describe any special job-related training received: \_\_\_\_\_

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*SKILLS*

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Describe any other special job-related skills or qualifications (e.g. foreign languages, computers, professional associations, etc.) that would support your application:

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*GENERAL INFORMATION*

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If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.?  Yes  No

If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the State?  Yes  No

If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?  
 Yes  No

Are you willing to work overtime as requested?  Yes  No  Not Applicable

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*APPLICANT'S STATEMENT*

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I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification or dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability all persons and corporation requesting or supplying such information.

Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising the Company (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; and (2) whether I can perform the job without posing a direct threat to the health and safety of myself or others.

I hereby agree to submit to any lawful drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable-at-will, that I am not being employed for any specific time, and that this application is not, and is not intended to be a contract for continued employment. Any exception to this policy only may occur based on the written authorization of the President of the Company.

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period requested by law.

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