



P.O. Box 366 • 117 Main Street • Upsala, MN 56384 • Phone 320.573.2122

APPLICATION FOR EMPLOYMENT - PLEASE PRINT

Position(s) applied for _____ Date of Application _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name of Source (if applicable) _____

Name _____

Address _____

Telephone Number _____ Social Security Number _____

If necessary, best time to call you at home is..... _____

May we contact you at work?..... Yes No

If yes, work number and best time to call..... _____ am/pm

Have you filed an application here before..... Yes No

If yes, give date..... _____

Have you ever been employed here before?..... Yes No

If yes, give dates..... From _____ To _____

Are you legally eligible for employment in this country?..... Yes No

(Proof of US Citizenship or immigration status will be required upon employment)

Date available for work..... _____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall?..... Yes No

What is your desired salary?..... _____

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

Have you ever been bonded?..... Yes No

Have you been convicted of a felony or misdemeanor in the last seven (7) years?..... Yes No

(Such conviction may be relevant if job related, but does not automatically bar you from employment)

If yes, please explain: _____

Driver's license number (if job related) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

EDUCATIONAL BACKGROUND (if job related)

A. List last three (3) schools attended, starting with last one. **B.** List number of years completed **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** Major and minor field of study (if applicable)

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Organization	Office Held

List special accomplishments, publications, awards (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status) _____

List any additional information you would like us to consider: _____

I understand that Sytek Communications follows an employment-at-will policy, in that I or Sytek Communications may terminate my employment at any time, with or without prior notice, and with or without cause, as long as the termination is consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show Sytek Communications documents that will prove this.

I understand that Sytek Communications will thoroughly investigate my work and personal history, including a check of any record of criminal convictions, and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, including my current employer, unless otherwise noted, to provide any information requested about me, and I release them from any liability or claim for damages in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission may result in dismissal or refusal of employment.

Employment with Sytek Communications will be contingent on satisfactory clearance of the background investigation including a criminal convictions record check. A conviction does not automatically mean that you will nor be offered a position. What you were convicted of, the circumstances surrounding your conviction and how long ago the conviction occurred are all important considerations in determining your eligibility.

Signature

Date

All applications are kept in a current file for 90 days.
If interested after 90 days please re-submit.

If any applicant for employment believes he/she has been discriminated against, he/she should contact Sytek Communications VP of Human Resources, Minnesota Department of Human Rights, Equal Employment Opportunity Commission, or the Federal Communications Commission (FCC).

Thank you for your interest in Sytek Communications.

Definitions: *For purposes of this form, the following terms are defined as follows:*

i. **African American/Black** (not of Hispanic origin) - all persons having origins in any of the original Black racial groups of Africa.

ii. **American Indian/Alaskan Native** - all persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

iii. **Asian or Pacific Islander** - all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

iv. **Caucasian/White (not of Hispanic origin)** - all persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

v. **Hispanic/Latin American** - all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

vi. **Disabled** - a person with a physical or mental impairment which substantially limits one or more of the person's major life functions such as communications, ambulation, self care, socialization, education, vocational training, employment, transportation, etc. in addition, you may also be "disabled" as this term is defined by law, if you have a record of such an impairment, for example if you have recovered from such a condition, e.E.. from heart attack or cancer, or if you are regarded as having such an impairment.

vii. **Special Disabled Veteran** - (i.) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled) under laws administered by the Veterans Administration for a disability: a) rated at 30 percent or more; or b); rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 30 U.S.C.. to have a serious employment disability: or (ii) a person who was discharged or released from active duty because of service-connected disability.

viii. **Veteran of the Vietnam Era** - a veteran, any part of whose active military, naval or air-service was during the Vietnam Era (August 5, 1964 through May 7, 1975) who: (i) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge; (ii) was discharged or released from active duty because of a service connected disability; or (iii) as a member of a reserve component under order to active duty pursuant to section 672 (a), (d) or (g), 673, or 673b of title 10. served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized or was discharged or released from such duty with other than a dishonorable discharge.



BACKGROUND INVESTIGATION AUTHORIZATION FORM

(Please read carefully before signing)

The Fair Credit Reporting Act (1971) requires that we inform you that a background investigation may be conducted as part of our employment screening and selection process. This may include an inquiry to obtain regarding your character, personal characteristics, general reputation and mode of living. The main objective of the investigation is to verify information you provided on your application or during the interview process. Upon your written request, within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided. In addition, if a report is made, you have the right to request details of the report from the consumer reporting agency.

The items of information requested below are needed to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: ____ / ____ / ____ (Month, Day, Year)

Driver's License # _____ State _____

Social Security # ____ - ____ - ____

Other Names Used (Including Maiden Name) _____

Home Addresses for the Past 7 Years: **(FILL IN COMPLETELY)**

Street Address City State Zip County From: Mo./Yr. To: Mo./Yr.

Have you been convicted of a Felony or Misdemeanor during the past 7 years? Yes No

If Yes, Please Explain _____

What State? _____ What County? _____

I authorize Sytek Communications and/or Professional Research Services (PRS), Inc. And their agents to investigate my background as it pertains to employment considerations. This may include investigations of employment history and performance, personal/professional references, educational history, licenses and information contained in public records including credit, criminal, motor vehicle data and worker's compensation. I release all persons, companies or corporations furnishing such information from liability and responsibility. A Photostat copy of this document may be substituted for the original.

Printed Full Name of Applicant _____

Signature of Applicant _____ Date ____ / ____ / ____

(MN RESIDENTS ONLY) Do you wish to receive a copy of your consumer report? Yes No