



GREAT NORTHERN EQUIPMENT DISTRIBUTING, INC.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, sex, family status, marital status, veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

Great Northern Equipment requires pre-employment drug/alcohol testing as well as a pre-employment background check. Some positions also require physical examinations and/or Department of Motor Vehicles background checks prior to employment and routinely during employment. See job description for further details.

If hired you have the right to view personnel records per MN statute 181.9631

CERTIFICATION & AUTHORIZATION

I certify that information provided this application is true to the best of my knowledge and belief and I authorized Great Northern Equipment Distributing, Inc., to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position.

I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I understand that I will be subject to the Company's pre-employment screenings and that employment is contingent upon successfully passing all pre-employment screenings based on Company guidelines.

If employed, I agree to conform to the rules, regulations, and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

Applicants Signature:	Date:
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Great Northern Equipment Distributing, Inc. Employment Application Revised 10/2021

PERSONAL INFORMATION		
First Name	Last Name	Middle Name

Address:								
Phone Number			Secondary Phone Number			Email		
Are you eligible for employment in the United States?						Yes		No
Are you at least 18 years old?						Yes		No
Do you have any commitments to another employer that might affect your availability for employment with our company?			Yes	No		If yes, explain:		
Complete only if position requires operation of a company vehicle								
Driver's License #					Issuing State:			

Position Desired							
Title:				Requisition #			
If hired, when could you start?							
Employment status desired. Check all that apply.		Fulltime		Part-time		Seasonal/Intern	
Days Available to work:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
# of Hours Available to work:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
How did you hear about this job?							
Do not answer the below question unless you have reviewed the job description for the position you are applying for!							
Are you able to perform the tasks/duties listed on the job description with or without accommodation?					Yes		No
If necessary, what accommodation could we make that would allow you to perform the essential functions of the job? (Attach additional sheets as needed)							

Work Experience – List last 3 employers or last 10 years work experience. All information must be completed.

Name of Employer:			Type of Business:			
Address:						
Dates Employed:	From:	To:	Starting Title:	Last Title:	Starting Pay:	Ending Pay:
Supervisor's Name:			May we Contact:	Yes	No	Work Schedule:
Duties:						
Reason(s) for Leaving:						

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Address:						
Dates Employed:	From:	To:	Starting Title:	Last Title:	Starting Pay:	Ending Pay:
Supervisor's Name:			May we Contact:	Yes	No	Work Schedule:
Duties:						
Reason(s) for Leaving:						

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Duties:						
Reason(s) for Leaving:						

Education and Training			
	Name, City, State	Major	Degree Obtained

High School			
College or University			
Graduate School			
Vocational/Trade			
Other			
List licensing, certificates, specialized training, notable achievements, and/or any volunteer service that relates to the position you are applying to:			
List equipment qualified to operate, computer hardware and software operated and other job-related special skills or abilities:			
List any foreign languages you are fluent in:			

REFERENCES: List three people who can act as professional references. These individuals should not be related to you, should have knowledge of your work experience, and should have known you for at least 1 year. **Direct supervisors are preferred.**

Name	Day Phone Number	Relationship to Applicant