



# **ACTION FABRICATING** **MINNESOTA METALWORKS** INC.

Fill out the below application and e-mail the completed form to [employment@afi-mmi.com](mailto:employment@afi-mmi.com).

APPLICANT INFORMATION												
Last Name			First				M.I.		Date			
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available			Social Security No.				Desired Salary					
Position Applied for												
Shift Desired		Full Time		Part Time		1st Shift		2nd Shift		3rd Shift		
Are you a citizen of the United States?			YES		NO		If no, are you authorized to work in the U.S.?			YES		NO
Have you ever worked for this company?			YES		NO		If so, when?					
EDUCATION												
High School			Address									
From	To	Did you graduate?		YES	NO	Degree						
College			Address									
From	To	Did you graduate?		YES	NO	Degree						
Other			Address									
From	To	Did you graduate?		YES	NO	Degree						
Special Skills or Abilities:												
REFERENCES												
Please list three professional references.												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												

Full Name		Relationship	
Company		Phone	
Address			

### PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

### MILITARY SERVICE

Branch	From	To
Rank at Discharge		

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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