

Upper River Services, LLC

40 State Street
St. Paul, MN 55107

An Equal Opportunity Employer

Application for Employment

PERSONAL INFORMATION

Today's Date _____

Print Name _____
LAST FIRST MI

Current Address _____
NUMBER STREET CITY STATE ZIP

Home Telephone () _____ Other Telephone () _____

Are You At Least 18 Years Of Age? Yes No
If no, a work permit will be required.

Are You Authorized To Work In The U.S.? Yes No
All persons hired will be required to furnish proof of identity & work eligibility.

Each applicant will be given employment consideration based on individual merit, without regard to the individual's race, color, religion, sex, national origin, citizenship, veteran status, marital status, creed, sexual orientation, the presence of a non-job related medical condition or handicap, or other categories governed by applicable law. We are an Equal Opportunity Employer.

FOR OUR REFERENCE

Position Desired _____ Date Available _____

How Were You Referred To Our Company? _____

Ever Work For This Company Before? Yes No

If Yes, Please Give The Dates Of Employment: _____

Are You Employed Now? Yes No

If Yes, May We Contact Your Current Employer? Yes No

EMPLOYMENT HISTORY (LIST YOUR LAST FOUR EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT FIRST.)

Dates of Employment	Name and Address of Employer	Salary Beg./End	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

PHYSICAL DATA

Do You Have Any Physical Or Mental Limitations Which Would Restrict Your Job Performance? Yes No

If Yes, Please Explain _____

Contingent Job Offers May Require A Pre-Employment Physical And Drug Screen.

Would You Be Willing To Take A Pre-Employment Physical Examination? Yes No

Would You Be Willing To Take A Pre-Employment Drug/ Alcohol Screen? Yes No

EDUCATION

School	Name & Location	Number of Years completed	Did you Graduate? (List Degree Obtained)
High School			
Trade or Technical			
College or University			

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS)

Name	Address	Phone	Relationship	Yrs. Known

APPLICANTS STATEMENT

I authorize an inquiry to be made on the information contained in this application.

I authorize educational institutions or any employers listed in this application to provide information about me. I hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I understand and acknowledge that if I misrepresent or omit material facts on this application or in any pre-employment conversation or the results of an investigation are not satisfactory for any reason, any consideration, offer or actual employment by Upper River Services, LLC may be terminated immediately without obligation or liability to me other than payment of compensation at the rate agreed upon, for services actually rendered, if I had been employed.

I understand that nothing contained in this employment application or in the granting of an interview, and no policies, procedures, or guidebooks that I might receive, are intended to create an employment contract between Upper River Services, LLC and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Upper River Services, LLC unless made in writing and signed by the company's president. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, with or without cause, and with or without prior notice, and that Upper River Services, LLC retains a similar right. I also understand that if I am hired, I may be required to sign a confidentiality statement and/or conflict of interest statement as a condition of employment.

I understand that some specified positions may require a pre-employment physical and drug and/or alcohol testing and that any offer of employment made by Upper River Services, LLC will be contingent upon the successful completion of a physical examination and drug and/or alcohol test results.

Applicant Signature _____ **Date** _____