

Minnesota Limited, Inc.

Pipeline and Station Contractors
 18640 200th Street, PO Box 410
 Big Lake, MN 55309

For Office Use Only:

Interviewed By: _____

Date: _____

Hired: Yes No (Circle One)

Start Date: _____

PERSONAL INFORMATION

Date: _____

Name _____
 Last First MI

Address _____
 Street City State Zip

Phone () _____
 Home Phone Alternate Phone

Are you 18 years of age or older? Yes No
 Have you ever been convicted of a crime? Yes No
 If yes, please explain: _____

Are you a U.S. Citizen or have a valid visa permitting
 employment in the U.S.? Yes No

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Current Employer: _____ Position: _____ MLI will not contact your current employer without your
 consent until an offer of employment has been made.

Are you subject to an employment agreement
 that restricts your activities in any way? Yes No

Referred By: _____

EDUCATION	Name of School	Location of School	No of Yrs Attended	Did you Graduate?	Subjects Studied
High School					
College					
Trade, Business, Or Technical School					

GENERAL

List any training or coursework applicable
 to the pipeline industry? _____

SPECIAL SKILLS _____

Activities (civic, athletic, etc.) _____

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

Pipeline Experience?

 Yes No How many years? _____ Which work location are you at now? _____ Are you willing to travel? Yes NoDo you have a CDL? Yes No If yes, CDL #: _____ Union member? Yes No Union Name/# _____**FORMER EMPLOYERS** (List below last three employers, starting with last one first).

Date: Month & Year	Employer Name	Employer Address	Supervisor	Phone Number	Reason for Leaving	May we call?
From						<input type="checkbox"/> Yes <input type="checkbox"/> No
To						
From						<input type="checkbox"/> Yes <input type="checkbox"/> No
To						
From						<input type="checkbox"/> Yes <input type="checkbox"/> No
To						

REFERENCES – Give the names of three persons not related to you, whom you have known at least one year.

	Name	Address	Business	Daytime Phone #	Years Acquainted
1					
2					
3					

In case of emergency, notify:

Name

Address

()

Phone Number

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without notice, at any time by the company. I understand that no company representative, other than its president, in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Date _____ Signature _____