

# APPLICATION FOR EMPLOYMENT

Akkerman Inc. is a leading manufacturer in underground construction equipment. Akkerman produces tunneling and pipe jacking equipment for the domestic and international markets out of its factory in Brownsdale, MN. This equipment ranges from 4" to 14' in diameter. Akkerman offers a competitive salary and pleasant working environment. Full-time employees are eligible for a comprehensive benefit program which includes medical, dental and a 401(k) plan. Akkerman is an EEO employer.

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)		(Zip)	Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## POSITION

Position Or Type Of Employment Desired	Will Accept:	Shift:
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Day
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Swing
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Graveyard
		<input type="checkbox"/> Rotating
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

### College, Business School, Military (Most recent first)

Name and Location	Credits Earned		Graduate	Degree & Year	Major or Subject
	Quarterly or Semester Hours	Other (Specify)			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

Shop employees must be able to lift a minimum of 50 pounds and stand for periods of up to 3 hours at a time.

**WORK EXPERIENCE** (Most Recent First) (Include voluntary work and military experience)

Employer _____	Telephone Number ( ) -	From (Month/Year)
Address _____		To (Month/Year)
Job Title _____	Number Employees Supervised	
Specific Duties		
Hours Per Week		
Last Salary		
Supervisor		
Reason For Leaving _____		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____	Telephone Number ( ) -	From (Month/Year)
Address _____		To (Month/Year)
Job Title _____	Number Employees Supervised	
Specific Duties (Maximum 350 characters)		
Hours Per Week		
Last Salary		
Supervisor		
Reason For Leaving _____		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer _____	Telephone Number ( ) -	From (Month/Year)
Address _____		To (Month/Year)
Job Title _____	Number Employees Supervised	
Specific Duties		
Hours Per Week		
Last Salary		
Supervisor		
Reason For Leaving _____		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES**

<b>Name</b>	<b>Telephone Number ( ) -</b>
<b>Address</b>	<b>Years Acquainted</b>
<b>Name</b>	<b>Telephone Number ( ) -</b>
<b>Address</b>	<b>Years Acquainted</b>
<b>Name</b>	<b>Telephone Number ( ) -</b>
<b>Address</b>	<b>Years Acquainted</b>

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application including references. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

