



# Commodities Ltd.

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Stephen, Minnesota 56757

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E-Mail: sales@ddcommodities.com

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

Position(s) Applied For:		Date:	
How Did You Learn About Us:			
<input type="checkbox"/> Friend	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other:	
<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In	_____	
Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip:
Telephone Number(s):		Social Security Number:	

If you are 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO

If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  YES  NO

If Yes, give date: \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(Proof Of Citizenship/immigration status will be required upon employment)  YES  NO

On what date would you be available for work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  YES  NO

Can you travel if the job requires it?  YES  NO

Have you been convicted of a felony within the last 7 years?  
(Convicted will not necessarily disqualify an applicant from employment.)  YES  NO

If Yes, please explain:

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# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:


Describe any job related training received in the United States military:


# Additional Information

## Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience

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### Specialized Skills

### Check Skills/Equipment Operated

Specialized Skills		Production/Mobil Machinery (list)	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Fax	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Excel	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> MS Word	_____	_____
	<input type="checkbox"/> MS Access	_____	_____

State any additional information you feel may be helpful to us considering your application

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

[ ] YES [ ] NO

## REFERENCES:

1. \_\_\_\_\_ ( )  
(Name) Phone #  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ ( )  
(Name) Phone #  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ ( )  
(Name) Phone #  
\_\_\_\_\_  
(Address)

**FOR PERSONNEL DEPARTMENT USE ONLY**

**Position(s) Applied For Is Open: [ ] YES [ ] NO**

**Position(s) Considered For:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTES:**

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

①

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

②

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

③

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

④

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet or paper.

## List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).


# Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event for employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  YES  NO

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  YES  NO Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

### NOTES:

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