



Felling Trailers, Inc.
1525 Main Street South • Sauk Centre, MN 56378
Telephone: 320.352.5239 • Fax: 320-352-5230
Email: employment@felling.com
Internet: www.felling.com

Employment Application – An Equal Opportunity Employer – Felling Trailers, Inc. does not discriminate against its employees, or applicants for employment, because of race, color, region, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Personal (Please Print)

Name: _____ Date: _____
Last First Middle Initial

Mailing Address: _____ Telephone: _____
Street City State Zip

E-Mail Address: _____ Cell: _____

Positions of Interest: _____ Desired Shift: ☐ Day ☐ Night ☐ Weekend

How did you learn about Felling Trailers, Inc.? _____ Desired Location: ☐ Sauk Centre ☐ Litchfield ☐ Either

☐ Advertisement _____ where ☐ Friend/Relative ☐ Felling Trailers Employee _____ who

☐ Employment Office _____ name ☐ Walk-In ☐ Other _____ specify

If you have submitted an application before, when? _____ Were you interviewed? ☐ Yes ☐ No

If you have been employed by Felling's before, when? _____ What job(s)? _____

When could you be available for work? ☐ Immediately ☐ After _____ weeks notice. ☐ On or after (specify date) _____

Salary desired: _____ Are you interested in working (check all that apply) ☐ Full Time ☐ Part Time ☐ Temporary

Education and Training

	Name and Location of School	Course of Study	Length of Attendance	Did you graduate?	Degree/Diploma
High School					
College/Tech/Trade School					
College/Tech/Trade School					
Other (specify type)					

Describe academic achievements, extracurricular activities, awards, concentrations of study, etc. you feel are significant.

Special Skills and Qualifications – List specialized computer applications (software, hardware, operating systems, etc.), office equipment, production equipment, and other specialized skills that you have.

Experience

Employment: Starting with present or last job, provide the information requested. You may limit your listing to the previous 5 years.

☐ Yes ☐ No Are you currently working for this employer?
☐ Yes ☐ No If yes, can we contact your current employer?

1. Employer	Dates _____ to _____	Hourly Rate/Salary Starting _____ Final _____
Location	Position(s) _____ Work Performed _____ _____ _____ _____	
Telephone		
Supervisor		
Reason for Leaving		

2. Employer	Dates _____ to _____	Hourly Rate/Salary Starting _____ Final _____
Location	Position(s) _____ Work Performed _____ _____ _____ _____	
Telephone		
Supervisor		
Reason for Leaving		

3. Employer	Dates _____ to _____	Hourly Rate/Salary Starting _____ Final _____
Location	Position(s) _____ Work Performed _____ _____ _____ _____	
Telephone		
Supervisor		
Reason for Leaving		

-CONTINUED ON THE FOLLOWING PAGE-

4. Employer	Dates _____ to _____	Hourly Rate/Salary Starting _____ Final _____
Location	Position(s) _____ Work Performed _____ _____ _____ _____	
Telephone		
Supervisor		
Reason for Leaving		

Additional Work Experience May Be Listed On a Separate Page – Copy This Form or Provide the Same Information on Plain Paper

We may contact the companies listed above unless you indicate those you do not want us to contact.

Do not contact: Employer number(s) _____ Reason: _____

Military

Have you ever served in the military? ☐ Yes ☐ No

If yes, did your military service and training provide you with skills you could put to use in this job? Please explain.

Additional Significant Experience

List trade, professional, business, community activities you feel are relevant. Include responsibilities and training received.

Additional Information (Optional):

Include any additional information you feel may be helpful in assessing your qualifications for employment.

-ADDITIONAL INFORMATION REQUESTED ON NEXT PAGE-

References

List individuals who can verify your skills and character. Include how they know you. **Do not include people who are only personal friends.**

1.	_____	_____
	(Name)	Telephone Number
	_____	_____
	(Address)	(How Known)
2.	_____	_____
	(Name)	Telephone Number
	_____	_____
	(Address)	(How Known)
3.	_____	_____
	(Name)	Telephone Number
	_____	_____
	(Address)	(How Known)

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: _____

Interview Results (For office use only)

Interviewer Name and Comments: _____

If not hired, reason for failure to employ. : _____

FELLING TRAILERS, INC. VOLUNTARY APPLICANT SELF-IDENTIFICATION SURVEY

As a government contractor, Felling Trailers, Inc. must comply with all applicable city, state and federal affirmative action laws. Because of these responsibilities, we are required to keep records and perform certain analyses on the race and gender status of our applicant pool. Since such analyses are only possible if we know the EEO profile of our applicants, we are using this means to ask you to complete this survey and return it to us promptly.

While your completing this survey is voluntary, for any statistical analysis to be meaningful, we must have information on as many applicants as possible. The information which applicants provide does not affect their prospects for employment and is treated very confidentially.

We understand that some applicants will find this request intrusive and we regret this. However, please be advised that we are required by the government to keep such records and perform such analyses; your cooperation will allow us to be accurate.

Name: _____ (optional)

The categories listed below are those used by the U.S. Bureau of Census and Department of Labor. Please check as applicable.

Check one: ☐ Male

☐ Female

Check only
one: ☐ White

☐ Black or African American

☐ Hispanic or Latino

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other
Pacific Islander

How did you learn of this vacancy?

Check one: ☐ Advertisement, please list name of publication: _____

☐ Walk In

☐ Friend

☐ Relative

☐ Employment Agency

☐ Other _____

Please fold this form and staple or tape together and mail in the enclosed postage-paid envelope. Thank you for your assistance.