



**FRANA**  
companies

633 Second Avenue South,  
Hopkins, Minnesota 55343  
952.935.8600  
www.frana.com

## APPLICATION FOR EMPLOYMENT

Please print all responses legibly.

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

HOME TELEPHONE NUMBER \_\_\_\_\_ ALTERNATE NUMBER \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

*Proof of eligibility documentation must be provided at the time of hiring as required by law.*

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE AVAILABLE TO START \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OUR COMPANY BEFORE?  YES  NO

HAVE YOU EVER WORKED FOR OUR COMPANY BEFORE?  YES  NO

IF YES, PLEASE PROVIDE PREVIOUS DATES OF EMPLOYMENT \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED (CIRCLE)	DID YOU GRADUATE? (CIRCLE)	DIPLOMA/ DEGREE/ CERTIFICATE
HIGH SCHOOL		9 10 11 12	YES NO	
TECHNICAL SCHOOL		1 2 3 4	YES NO	
COLLEGE		1 2 3 4	YES NO	



**SPECIAL SKILLS AND ADDITIONAL TRAINING**

Please describe any special job-related skills or other qualifications that relate to the position for which you are applying. Do not include experiences which would indicate race, color, creed, religion, sex ancestry, familial status, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age, family or ancestry.

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**EMPLOYMENT HISTORY** (Please begin with your current or most recent employer)

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITION/BRIEF DESCRIPTION OF DUTIES	HOURLY WAGE	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				

**MISCELLANEOUS**

HAVE YOU EVER BEEN CONVICTED OF A FELONY?     YES     NO

If yes, please provide details including the date of conviction, county and state:

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“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.”

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following requested information is voluntary and confidential. It will be kept separately from your application and any subsequent personnel file. We collect this information for the sole purpose of creating and maintaining Equal Employment Opportunity and Affirmative Action records. We appreciate your cooperation with EEO/AA efforts.

NAME: \_\_\_\_\_

JOB APPLIED FOR: \_\_\_\_\_

DATE: \_\_\_\_\_ SEX:  Male  Female

### RACE:

- African American (Black):  
All persons having origins in any of the black African racial groups: not of Hispanic origin.
- Asian or Pacific Islander:  
All persons having origins in any of the original peoples of the Far East. Southeast Asia, the Indian subcontinent or the Pacific Islands.
- Caucasian (White, not Hispanic origin):  
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic:  
All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Native American (American Indian) or Alaskan Native:  
All persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership, participation or recognition.
- Other: Please list \_\_\_\_\_



**PERSON WITH A DISABILITY:**

An individual

- a. who has physical or mental impairment (condition) that materially or more major life activities; or
- b. who has a record of such impairment; or
- c. who is regarded as having such impairment

Major life activities may include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, sitting, standing, lifting, breathing, learning and working.

According to the above definition, are you disabled?     YES     NO

How did you first learn about this position?

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**COMPLETED APPLICATION:**

PLEASE MAIL TO:

Frana Companies  
633 Second Avenue South  
Hopkins, MN 55343

attn: Employment Application