



VIKING DRILL & TOOL, INC.

Application for Employment

Please answer all questions carefully and completely in your own handwriting.

Date: _____ Social Security # _____

Name: _____
Last First Middle Initial

Address: _____
Number & Street City State Zip Code

Home Telephone Number _____ Work or Other Telephone Number _____

Are you legally authorized to work in the U.S.? Yes _____ No _____ State age if under 18 _____

GENERAL INFORMATION

Position applying for _____
Full Time _____ Part Time _____ Shift: 1st _____ 2nd _____ 3rd _____

Date available to start work _____

Have you ever applied to Viking Drill & Tool before? Yes _____ No _____ If yes, when _____

Have you ever been employed by Viking Drill & Tool?
Yes _____ No _____ If yes, employed from _____ to _____

Does Viking employ any of your relatives/friends? Yes _____ No _____ If yes, please state:
Name _____ Relationship _____
Name _____ Relationship _____

How were you referred to Viking Drill & Tool? Voluntary _____ Want Ad St. Paul _____ Mpls. _____
State Employment Office/Ad _____ Private Employment Office _____ Viking Employee _____ Other _____

EDUCATIONAL BACKGROUND

EDUCATION: High School, College, Graduate, Secretarial & Other Specialized Training

Name or school and address in full	Degree or Diploma	Field of Study	Overall Grade Average

Other specialized training _____

REFERENCES

List below the names of three persons not related to you, whom you have known at least one year.

Name _____ Address/Phone # _____

Name _____ Address/Phone # _____

Name _____ Address/Phone # _____

EMPLOYMENT HISTORY

Please list all part-time and full-time positions, start with most recent position first.

(Use an additional sheet of paper if necessary.)

Dates from Month Year	Name of Employer	Phone Number	Job Title
Dates to Month Year	Address of Employer	May We Contact This Employer? If Not Why?	Name of Supervisor
Salary: Start Final	Description of Duties		Reason for Leaving
Dates from Month Year	Name of Employer	Phone Number	Job Title
Dates to Month Year	Address of Employer	May We Contact This Employer? If Not Why?	Name of Supervisor
Salary: Start Final	Description of Duties		Reason for Leaving
Dates from Month Year	Name of Employer	Phone Number	Job Title
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Salary: Start Final	Description of Duties		Reason for Leaving
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Dates to Month Year	Address of Employer	May We Contact This Employer? If Not Why?	Name of Supervisor
Salary: Start Final	Description of Duties		Reason for Leaving

COMMENTS & ACCOMPLISHMENTS

Please highlight any specific experiences, achievements or special capabilities which you feel will uniquely qualify you for employment.

Date _____ Signature _____

Notice to Applicants

Please be advised that offers of employment with Viking Drill & Tool are not effective unless and until they are communicated to an applicant in writing by an authorized company representative. In addition, all offers of employment are conditioned on an applicant successfully passing a pre-employment background check and drug test. All applicants selected for an interview will be asked to disclose any record of criminal convictions that may be deemed disqualifying by the Company. Please do not provide or share with us any criminal convictions information unless and until you are selected for an interview and the same is requested from you.

Application Certification

By my signature below, I confirm that everything stated in this Employment Application is entirely truthful, complete and accurate. I understand and agree that any failure on my part to provide truthful, complete and accurate information in the course of any interviews, communications with Company personnel, or other activities related my pursuit of a position with Viking Drill & Tool, shall be legitimate and just grounds for rescinding any employment offer extended to me by Viking Drill & Tool or terminating any position of employment obtained by me with the Company, regardless of when and how the Company learns of any misrepresentation or omission by me.

I understand and agree no offer of employment with Viking Drill & Tool is effective unless and until it is provided to me in writing and signed by an authorized representative of the Company. I understand that no other statement, comment or representation made by anyone at Viking Drill & Tool is a binding offer of employment, and that I should not and will not rely on the same in making any changes in my employment, residency, or other life circumstances.

I also understand and agree that any employment I obtain with Viking Drill & Tool will be at-will, meaning that either I or the Company can terminate the employment relationship at any time, with or without notice, for any lawful reason or no reason, without recourse by either of us. I understand and agree that the at-will nature of the employment relationship may be changed only in a written agreement signed by the Company President.

Date _____

Signature _____

EMPLOYEE - COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS
(Important: Please read carefully before signing)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment, history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, the address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: ____/____/____ (Month, Day, Year)

Driver License # _____ State: _____

Social Security # ____/____/____

Other Names Used & Date Changed _____ (Year Changed)

Professional License (s): _____ State(s): _____ Type(s): _____ Number (s): _____

May we contact your current employer? ___Yes ___No

Residence Addresses For The Past 7 Years: (attach additional sheets, if necessary)

Street Address	City, State & Zip Code	County	From Mo./Yr.	To Mo./Yr.

I hereby authorize Viking Drill & Tool, Inc. and/or The McDowell Agency, Inc. and their agents, without any reservation, to investigate my background as it pertains to employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. I hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. I further authorize ongoing procurement of the types of reports mentioned herein at any time during my employment (or contract) with the company. A photocopy of this document may be substituted for the original.

Printed Full Name of Applicant _____

Signature of Applicant _____ Date ____/____/____

(MN/CA/OK/ME/NY Residents Only): Do you wish to receive a copy of your consumer report? Yes _____ No _____