



6875 Highway 65 NE Fridley, MN 55432 (763) 572-0802 FAX (763) 572-0902

Position(s) Applied for: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Alternate Number: () _____ Social Security Number: _____

How Did You Hear About Us?

[] News paper Ad [] Current Employee: _____ Other: _____

Are you legally eligible to work in the United States? [] Yes [] No (Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? [] Yes [] No (If no, you may be required to provide authorization)

Have you ever applied to CopyMed before? [] Yes [] No

Have you ever worked for Copy Med before? [] Yes [] No If yes please provide dates: _____

Have you ever been convicted of a Felony? [] Yes [] No (A conviction will not necessarily disqualify you)

If yes, please explain: _____

Do you have a valid driver's license? [] Yes [] No (For positions that require driving only)

Do you have reliable transportation? [] Yes [] No

Is anyone related to you employed by CopyMed? [] Yes [] No

If yes, please give their name and relationship to you: _____

What salary or rate of pay do you expect to receive if employed? _____ Per _____

Have you ever been fired or asked to resign from a job? [] Yes [] No

If yes, Please explain: _____

On what date would you be available to start work? _____

Days and Hours Available:

Monday:	_____
Tuesday:	_____
Wednesday:	_____
Thursday:	_____
Friday:	_____
Saturday:	_____

Education:

	Name and Location	Course of Study or Major	Did you Graduate
High School:	_____	_____	[] Yes [] No
Post High School:	1. _____	_____	[] Yes [] No
	2. _____	_____	[] Yes [] No
	3. _____	_____	[] Yes [] No

Please list any academic honors, scholarships, offices held etc. *(Do not list any which reflect religion, gender national origin, age, disabilities or veteran status)*

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the US military? [] Yes [] No
Please give dates and explanation:

What computer programs do you know how to run *(Oracle, Access, Excel, Word, etc...)*

Employment History *(begin with current or most recent employer. Please include any applicable temporary employment, attach another sheet if necessary)*

Company Name	Employment Dates	Salary Start/End	Name and Title of Supervisor
_____	_____	_____	_____
Address: _____	Describe Your Duties: _____	Phone: _____	_____
_____	_____	_____	_____
Reason for Leaving and Explanation: _____			

Employment History:

Company Name	Employment Dates	Salary	Start/End	Name and Title of Supervisor
_____	_____	_____	_____	_____
Address:	Describe Your Duties:	Phone	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Reason for Leaving and Explanation: _____				

Company Name	Employment Dates	Salary	Start/End	Name and Title of Supervisor
_____	_____	_____	_____	_____
Address:	Describe Your Duties:	Phone	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Reason for Leaving and Explanation: _____				

May we contact your present employer? If no please explain _____

Please provide any other information that you feel will help us in considering your application: _____

References: *(please list 3 people who are not related to you)*

Name	Address	Phone Number	Relationship/ Occupation
_____	_____	_____	_____
Name	Address	Phone Number	Relationship/Occupation
_____	_____	_____	_____
Name	Address	Phone Number	Relationship/Occupation
_____	_____	_____	_____

Applicant Acknowledgement and Authorization

Please read carefully before signing

I hereby certify that all of the information provided by me in this application (or any other required documents) is correct, accurate and complete to the best of my knowledge. I understand falsification; misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances.

I understand that submission of an application does not guarantee employment. I further understand, should an offer of employment be extended by CopyMed Inc (hereinafter referred employment with CopyMed Inc is at will, for no specified duration and may terminated by us at any time, with or without cause or notice)

In consideration for employment with CopyMed Inc, if employed, I agree to conform to the rule and procedures of CopyMed Inc at all times and understand that such obedience is a condition of employment. I understand that due to the nature of CopyMed Inc business, I may be required to submit to a background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results, will withdrawal me from an employment offer or terminate employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any other entities to release all information about me to CopyMed Inc and its representatives and I release all parties involved from any and all liability for any and all damage that providing such information may cause.

I understand that this application is considered current for 6 months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature

Date

CopyMed Inc is and equal opportunity employer/contractor and encourages applicants from women, minorities and disabled persons. This employer will not discriminate against or harass any employee or applicant for employment because of race, color, religion, national origin, sex, disability, age marital status, or status with regard to public assistance.