



**DOYLE CONNER CO.**

3741 Enterprise Drive SW  
ROCHESTER, MN 55902  
507-282-1748  
FAX 282-2343

We are an Equal Employment Opportunity Employer. We do not discriminate because of race, color, religion, sex, age, physical impairment or national origin. All qualified applicants are welcome to submit an application. We reserve the right to test applicants/associates for the presence of drug and/or alcohol in accordance with the Company's substance abuse policy.

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Number(s) \_\_\_\_\_  
\_\_\_\_\_

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

Doyle Conner is a Union Company. Are you willing to join the Union \_\_\_\_\_ No \_\_\_\_\_ Yes

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
\_\_\_\_\_ (proof will be required upon employment)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

Can you travel if a job requires it? \_\_\_\_\_

Valid Drivers License Number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

List present or previous employers (list most recent first)	Length of Employment
_____	_____
_____	_____
_____	_____

VOLUNTARY SURVEY

Government agencies, at times, require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the affirmative action program. SUBMISSION ON THIS INFORMATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT EMPLOYMENT.

Check one:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____
Check One of the following: (Ethnic Origin)			
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander	
Check if any of the following are applicable			
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disable Veteran	<input type="checkbox"/> Handicapped Individual	

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

I certify that answers given herein are true and complete to the best of my knowledge.