

APPLICATION FOR EMPLOYMENT

Viking is an Equal Opportunity Employer that employs in compliance with all applicable laws. We do not discriminate because of sex, age, race, color, religious creed, marital status, national origin, ancestry, mental or physical disability, citizenship, sexual orientation, or for any other reason by state or federal law.

PERSONAL INFORMATION		D A	ATE:			
Name:						
Street Address:			_			
City:	State:	Zip:				
Telephone:	Telephone:Email Address:					
Are you legally authorized to work in the U.S.? Yes No						
*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents						
Are you at least 18 years of age? Yes No						
EMPLOYMENT DESIRED						
Position for which you are applying:		Full Time Pa	art Time Summer			
Date of Availability:						
Do you have a valid Driver's License (answer if applying for a driving position) Yes No						
If you are an experienced operator of any equipment, or any special skills you have:						
How did you hear about job opening? Facebook Indeed/Online Posting Help Wanted Sign Referral						
If you served in the military service of the United States, did you receive any special training which will help perform the job for which you are applying? Yes No						
If yes please describe:						
EDUCATION						
Highest Grade completed (please circle)	1 2 3 4 5 6 7 8 Grade School	9 10 11 12 High School	1234 College			
Name of School, Vocational or Trade School Attended:						
Course of Study:						
REFERENCES						
Name and Occupation	Address		Phone Number			

EMPLOYMENT HISTORY

Employer		Position/Type of Work Performed	
Start Date	En	d Date	Reason for Leaving
Address/City/State			<u> </u>
Name of Supervisor			
Employer		Position/Type of Work Performed	
Start Date	En	d Date	Reason for Leaving
Address/City/State	1		
Name of Supervisor			
Employer			
		Position/Type of Work Performed	
Start Date	En	d Date	Reason for Leaving
Address/City/State	1		
Name of Supervisor			
May we contact your employer at this time? Yes \ \text{1}	No [
I certify that the answers given by me to the foregoing questions a consequential omissions of any kind. I agree that the Company she subsequently terminated because of false statements, answers or omisleading or incorrect statements may render this application voi that a medical examination based on the requirements of the positionary be included as part of the regular pre-employment physical. I persons named above to give any information requested regarding voluntarily and knowingly fully release and discharge, absolve, in and all liability for any damages for issuing this information, exceen my employment made for the express purpose of preventing me for the untrue. In consideration of my employment, I agree to conforce compensation can be terminated with or without cause and with or myself.	all no omiss id, an ion for also g my ademic pt for rom corm to	ot be held liable in an ions made by me in to differ employed, may be which I am being of voluntarily and known former employment, nify, and hold harmles the malicious and voluning employmer to the rules and regular	his application. I understand that any lead to employment termination. I understand considered may be required, and drug testing wingly authorize the companies, schools or character and qualifications. I hereby less said companies, schools or persons from any willful disclosure of derogatory facts concerning at, which the party disclosing such facts knows attions of this organization. My employment and
Signature of Applicant			Date