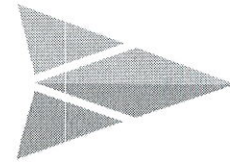


Arrowhead

PROMOTION & FULFILLMENT



1105 SE 8th Street
 Grand Rapids, MN 55744
 218-327-1165

Today's Date _____

EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PERSONAL			
Last Name		First	Middle Initial
Other Name (s) Used		Home Telephone # ()	Business or Message # ()
Address/City/State/Zip			Referred By
E-Mail Address			
Position Applying For	Salary Desired	Shift Preference <input type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Midnights	
Type of Employment Desired <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary			Date you will be able to start work:
Are you able to meet the attendance requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO	Can you travel if required by this position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Can you submit proof of legal employment authorization and identity? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever interviewed with Arrowhead Promotion & Fulfillment Co., Inc. before?		If yes, list date (s), job title (s) & location (s).	
Have you ever been employed by Arrowhead Promotion & Fulfillment Co., Inc. before?		If yes, list date (s), job title (s) & location (s).	
Do you have any relatives employed by Arrowhead Promotion & Fulfillment Co., Inc?		If yes, list date (s), job title (s) & location (s).	
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO		If under 18, do you have a work permit?	

EDUCATION

Circle Highest Grade Completed

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

<u>School</u>	<u>Address</u>	<u>Major Studies</u>	<u>Degree, Diploma License or Certificate</u>
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			
Other Languages Spoken			
Do you type? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, WPM: _____		Computer Skills (Hardware/Software)	

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **MUST** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

EMPLOYMENT HISTORY CONTINUED

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

BUSINESS REFERENCES

List below the name, address, phone number (s), occupation and years you have known three persons not related to you who have supervised your work or you have worked with.

Name	E-mail Address	
Phone #	Occupation	Years Known

Name	E-mail Address	
Phone #	Occupation	Years Known

Name	E-mail Address	
Phone #	Occupation	Years Known

MILITARY EXPERIENCE

Branch of Service _____ Rank at Discharge _____

Describe duties and specialized training _____

APPLICANT'S COMMENTS

Arrowhead Promotion & Fulfillment Co., Inc. seeks to hire exceptional people—only those who have the highest drive to achieve, contribute and excel. Please comment on how your education, prior experience and goals would add value to Arrowhead.

GENERAL

YES NO

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that in the event of my employment at Arrowhead Promotion & Fulfillment Co., Inc., I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Arrowhead Promotion & Fulfillment Co., Inc., to contact, obtain and verify the accuracy of information contained in this application from all education institutions, professional and past former employer to provide employment-related information about me to Arrowhead Promotion & Fulfillment Co., Inc. and will hold Arrowhead Promotion & Fulfillment Co., Inc. and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Arrowhead Promotion & Fulfillment Co., Inc., is intended to create an employment contract between myself and Arrowhead Promotion & Fulfillment Co., Inc.

I understand and agree that, if hired, my employment will be terminable at will and may be terminated by Arrowhead Promotion & Fulfillment Co., Inc. at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I acknowledge that there is no specified length of employment. If employed, I will be required to provide original documents (within 3 days) which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRAC) of 1986. The document (s) provided will be used for completion of Form I-9. Failure to submit such proof within the required time shall result in immediate termination of employment. If an offer of employment is made, it will be contingent upon an acceptable background check.

I understand that my obligation as an employee of Arrowhead Promotion & Fulfillment Co., Inc. is that I will treat all confidential or personal identifiable information private and will not disclose any information held by the company related to employees, clients, customers, consumers and all other entities to which I may have access. I agree to sign a confidentiality agreement as a condition of my employment. I understand that if I release private, confidential information, I will be subject to disciplinary action, up to and including termination.

I hereby acknowledge that I have read and agree to the above statements, and I seek employment under these conditions.

Signature

Date

DATE:	NAME:
-------	-------

CONTACT CENTER APPLICANT SCHEDULE PREFERENCES

	PREFERRED SHIFT	NOTES/COMMENTS
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

While we will make every effort to meet your preferences, we must ensure business needs for the department are met. Weekly scheduled hours will reflect business requirements per agent for each specific week.

Business hours are Monday – Friday **7am to 7pm**, Saturday – **9am to 5pm**, Sunday - **Closed *Open Some Holidays***
 Back Office Clerical support (Special Handling Team) is needed from **7am to 7pm, Monday – Friday** (occasional weekends and holidays may be needed as well).

Please complete the following:

Minimum hours available per week _____ Maximum hours available per week _____

Scheduled Lunch:

8 hour shift w/lunch (7 1/2 paid hrs.) _____

8 1/2 hour shift w/lunch _____

8 hour shift no lunch (2/15 min breaks.) _____

10 ½ hour shift w/lunch (10 paid hrs.) _____

I prefer to be scheduled for 40 hours, even though it may be outside my schedule preference listed above.

Yes ___ or No ___ (selection of none or both will be assumed as a “Yes”)

*By signing this form I guarantee that I will be able to work the hours as indicated above and I understand that any changes in my availability may affect my employment with the company.

 Applicant Signature

____/____/____
 Date

Invitation to Self-Identify

Arrowhead Promotion & Fulfillment Co., Inc. is a government contractor which requires that we take affirmative action to employ and advance in employment qualified women, minorities, disabled veterans and protected veterans, as well as individuals with disabilities.

Please let us know if you would like to be included in the affirmative action program by checking all the boxes below that apply to you. This information will only be used to assist us in fulfilling Equal Opportunity requirements to determine race, gender, disability, and veteran status of applicants as a group for each job position. Federal law requires employers to report all employees in either a male or female category for EEO-1 Component 1 reporting, but does not require (*or allow*) reporting of "Non-Binary" or "Other." Arrowhead Promotion has chosen to use both "Non-Binary" and "Other" reporting categories for the reporting comfort of our employees, but not to make employment decisions and not for reporting purposes. EEO-1 reporting requires Arrowhead to use visual identification procedures of the employee's unique design, to capture male or female information, to allow us to report all employees on our EEO-1 Survey response. **Submission of this information is completely voluntary and refusal to provide it will not subject you to any adverse treatment. This information will not be kept in any individual's personnel file and will not be viewed by any hiring managers.**

A written copy of the Affirmative Action Program is available for inspection by any employee or applicant for employment during normal business hours by calling Ann Dingman at 218-327-8680, ext 204.

NAME: _____

JOB POSITION (for which I am applying): _____

DEPARTMENT: _____

GENDER: Female Male Non-Binary Other

RACE/ETHNICITY: What is your race/ethnicity? You may mark only one box.

___ **Hispanic or Latino** –A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

___ **White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Asian (not Hispanic or Latino)**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**—A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **American Indian/Alaskan Native (not Hispanic or Latino)** - A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

___ **Two or More Races (not Hispanic or Latino)**—All persons who identify with more than one of the above five races.

VETERANS STATUS: please complete if you served in any branch of the U.S. military

- Special Disabled Vet** - (A) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran** - A veteran: (A) who served on active duty in the U.S. military, ground, naval or air service of the United States for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in any other location; or (B) who was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability, if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in any other location.
- Newly Separated Veteran** - Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- Other Protected Veteran** - Any other veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date