



Gertens Family of Businesses



# Employment Application

Applicants, please download and fill out the application and submit to us in one of the following ways:

- Download, Save, and email to [HR@gertens.com](mailto:HR@gertens.com)
- Download, Print, Scan, and email to [hr@gertens.com](mailto:hr@gertens.com)
- Download, Print and Fax to 651-309-8282
- Download, Print and drop off at Gertens Retail Customer Service:  
5500 Blaine Ave, Inver Grove Heights, MN 55076
- Applications are also available in store!





Welcome and thank you for your interest in becoming a part of the Gertens Family of Businesses. Please make sure you have completed this application in its entirety and attach any supporting documents you wish to submit.

At GFOB we welcome energetic, friendly, service-oriented individuals. For those willing to bring these talents to our business every day, we are committed to providing the training necessary to ensure your success.

**GFOB Hiring Process:**

- **For our retail location the primary hiring window is March 1st through April 30th** of the current calendar year.

Your application will be reviewed by multiple hiring managers. Please indicate if you are open to working in other GFOB locations (usually within 15-20 minutes of the main store location).

- **We often contact you via email**, when possible, please make sure you include an email address as well as a daytime phone number to reach you.
- **GFOB is proud to be a Drug Free Workplace**
- **GFOB participates in E-Verify ([www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify))**
- **GFOB is an Equal Opportunity Employer. We celebrate diversity and are committed to creating an inclusive environment for all employees.**

**Thank you for submitting your application!**

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## Employment Application

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**Please complete the Employment Application in its entirety. If you wish, you may attach supplemental documents (i.e., resume and/or cover letter). If you need assistance in completing your application, please contact HR@gertens.com.**

Were you referred to fill out this application by a current employee or hiring manager? \_\_\_\_ Yes \_\_\_\_ No

Name of Referring Employee \_\_\_\_\_

Date of Application: \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Full Name \_\_\_\_\_ Email: \_\_\_\_\_  
First M.I. Last

Full Address \_\_\_\_\_

Position/Location Applying For: \_\_\_\_\_

Willing to work at a location other than Inver Grove Heights? Yes \_\_\_\_ No \_\_\_\_ Miles Willing to Travel \_\_\_\_\_

If full time employment is not available, would you accept part-time? Yes \_\_\_\_ No \_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_ No \_\_\_\_

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## Education

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<u>Name</u>	<u>City/State</u>	<u>Certificate or Diploma</u>
High School _____		

College _____	
Business or Trade School _____	

Other Training or Education \_\_\_\_\_

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## General Information

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Will you travel? Yes \_\_\_\_ No \_\_\_\_ Ever Bonded? Yes \_\_\_\_ No \_\_\_\_ If yes, when and by whom \_\_\_\_\_

Have you previously filed an application with the company? Yes \_\_\_\_ No \_\_\_\_ If yes, what year? \_\_\_\_\_

Were you ever employed at this company? Yes \_\_\_\_ No \_\_\_\_ If yes, please state when and what department \_\_\_\_\_

Date available to start work: \_\_\_\_\_

What days and times are you available to work? \_\_\_\_\_

Will you be available for mandatory training before starting employment? Yes \_\_\_\_ No \_\_\_\_

Do you have any relatives currently employed at this company? Yes \_\_\_\_ No \_\_\_\_

If so, names \_\_\_\_\_

Do you have any friends now employed at this company? Yes \_\_\_\_ No \_\_\_\_

If so, names: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

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## Experience

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### Current Employment

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

### Previous Employment

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

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## Additional Information

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Volunteer Work: \_\_\_\_\_

Have you ever been discharged from a job involuntarily? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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## Professional References

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\*Please do not use relatives/friends

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## Essential Job Functions

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GFOB has a variety of job opportunities which require physical tasks of varying degrees. In general, most positions require low impact physical ability, and some will require more intense physical ability. This will be discussed for each position at the time of offer in the job description. Please answer the below questions to help us consider the best position to match your physical abilities.

Can you walk and stand on the job for extended periods of time (up to eight+ hours)? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you frequently lift items that weigh up to 50 lbs? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you frequently lift items that weigh up to 25 lbs? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you frequently lift items that weigh up to 10 lbs? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you frequently push/pull items weighing up to 10lbs? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you frequently bend, squat, kneel, reach lift, carry, push, pull? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you occasionally climb stairs, ladders or use a step stool to perform your job? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you comfortably work around products such as lawn care chemicals, paints, solvents, chemical cleaners, and other irritants like dust? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work Saturdays, Sundays, and evenings? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever operated motorized equipment such as forklifts, tractor/trailers, front end loaders? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Please include any comments or additional information you feel is applicable.

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Did you complete this application yourself? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, who helped you? \_\_\_\_\_

The information provided on the application is true and correct to the best of my knowledge. I authorize this company to investigate all statements on this application. Falsification or elimination of information on this application is cause for dismissal at any time if employed.

I understand that my employment with GFOB shall be probationary for a period of ninety (90) days, and further that any time during the probationary period or thereafter, my employment relationship with GFOB is terminable at will for any reason by either party.

I also understand that any job offer may be contingent on pre-employment screening including physical exam, drug test, and/or background screen if in alignment with the company policies. This company is legally permitted to require these screens as a condition of employment once a job offer has been made.

I certify that my responses included in this application are true and correct and that I know of no limitations which would prevent me from performing the essential job functions.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Once you have completed this application, please e-mail to [HR@gertens.com](mailto:HR@gertens.com) or drop off at Customer Service.