



25692 240<sup>th</sup> St.  
Underwood, IA 51576

712-566-9033 (Bus)  
712-566-2061 (Fax)

APPLICATION FOR EMPLOYMENT

**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Are you seeking: Full-time  Part-time  Temporary  employment?  
 When could you start work? \_\_\_\_\_

General	Last Name	First	Middle	Date
	Street Address			Home Telephone (     )
	City, State, Zip			Business Telephone (     )
	Previous address, if above address is less than 3 years			Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Previous address			
	Have you ever applied here before?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____			
	Have you ever worked for this company before?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month and Year _____			
	Location _____ Rate of Pay _____ Position _____			
	Reason for leaving _____			
	If hired, can you furnish proof you are eligible to work in the U.S.?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details _____ (A conviction will not necessarily disqualify an applicant from employment.)				
If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Education	School	Name and location of school	Subjects Studied	No. of years completed	Degree or Diploma
	College or University				
	Business/Trade/Technical/Vocational				
	High School or GED				

## Special Skills

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? Yes  No  If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability, or other protected status.) \_\_\_\_\_

### Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**NOTE: A job offer may be contingent upon acceptable references from current and former employers.**

1		Telephone (     )
	Company Name	Employed (State month and year) From                      To
	Address	Weekly Pay Start                      Last
	Name of Supervisor	Reason for leaving
	Job Title	
	Duties	
2		Telephone (     )
	Company Name	Employed (State month and year) From                      To
	Address	Weekly Pay Start                      Last
	Name of Supervisor	Reason for leaving
	Job Title	
	Duties	
3		Telephone (     )
	Company Name	Employed (State month and year) From                      To
	Address	Weekly Pay Start                      Last
	Name of Supervisor	Reason for leaving
	Job Title	
	Duties	

4		Telephone (      )
	Company Name	Employed (State month and year) From                      To
	Address	Weekly Pay Start                      Last
	Name of Supervisor	Reason for leaving
	Job Title	
	Duties	
5		Telephone (      )
	Company Name	Employed (State month and year) From                      To
	Address	Weekly Pay Start                      Last
	Name of Supervisor	Reason for leaving
	Job Title	
	Duties	

References		
Have you worked or attended school under any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give names:_____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, whom do you suggest we contact?_____		
Have you ever been fired from a job or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain:_____		
Give three references, not relatives or former employers.		
Name	Address	Phone

## Affidavit, Consent and Release

Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEED EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application for employment will remain active for a limited time. Ask the organization's representative for details.

## APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of the organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

**COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.**

PLEASE PRINT

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

Position applied for (list only one) \_\_\_\_\_

Where did you hear about this job? \_\_\_\_\_

Racial origin (You may mark one or more of the following)

- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American – A person having origins in any of the black racial groups of Africa.
- Asian – 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 – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

Ethnicity:

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

Sex:  Male  Female

- I elect not to identify

Signature \_\_\_\_\_