

EMPLOYMENT APPLICATION



APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly, incomplete or illegible applications will not be processed.
5. Some packets may include AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gather for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because or sex, marital status, race, color, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____ What date can you start? _____

Which location are you applying to? Des Moines Davenport Cedar Rapids Clear Lake Sioux City Kansas City

What category do you prefer? Full-Time Part-Time Temporary Labor Pool

For which schedules are you available? Weekday Weekends Evenings Nights Overtime Shift Other

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No

If the job requires, do you have the appropriate valid drivers license?

Name on license _____ DL# _____ Type _____ State of issue _____

Yes No

Have you had any moving violations? Please describe. _____

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or company. _____

Yes No

Have you been given a job description or had the requirements of the job explained to you?

Yes No

Do you understand these requirements?

Yes No

Can you perform the requirements of this job with or without reasonable accommodation?

List languages you are fluent. _____

SECURITY

List states and countries of residence for the past seven years. _____

Yes No

Have you used any names of Social Security Numbers other than given above? If so, please list in comments, below.

Yes No

Have you been convicted of, or served time for a felony in the past seven years? If so, please describe in the boxes below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS

(ASK FOR AN ADDITIONAL PAGE, IF NECESSARY) _____

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone number of past employers are critical. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE OF THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

PHONE
FAX

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

SALARY _____ PER _____ REASON FOR LEAVING _____
 (HOUR, WEEK, MONTH)

SECOND MOST RECENT EMPLOYER PHONE
FAX

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

SALARY _____ PER _____ REASON FOR LEAVING _____
 (HOUR, WEEK, MONTH)

THIRD MOST RECENT EMPLOYER PHONE
FAX

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

SALARY _____ PER _____ REASON FOR LEAVING _____
 (HOUR, WEEK, MONTH)

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

EDUCATION

Highest grade completed: _____ If your school records are under a different name than listed on page 1, please enter that name here: _____

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts are called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____ DATE _____