

# APPLICATION FOR EMPLOYMENT

*PLEASE PRINT*

**NOTE TO THE APPLICANT:** This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which will include a drug test) may be required.

Job Applied For \_\_\_\_\_ Date \_\_\_\_\_

## A. PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

Telephone Number where you can be contacted \_\_\_\_\_

Are you at least 18 years of age?  YES  NO Child labor laws prohibit employment of individuals under the age of 18 in certain occupations considered to be hazardous.

Are you eligible for employment in the United States?  YES  NO

Do you speak, read, or write fluently in a language other than English?  YES  NO

If YES, describe ability and list language(s) \_\_\_\_\_

## B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  FULL TIME  PART TIME  SHIFT  TEMPORARY

Are you on a lay-off and subject to recall?  YES  NO

Can you travel if a job requires it?  YES  NO

Would you accept employment  Out-Of-Town  Statewide  Unaccompanied by Family?

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license?  YES  NO

If YES, please specify the type of license:  OPERATING LICENSE  COMMERCIAL DRIVERS LICENSE

List the following License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of issue \_\_\_\_\_

Have you had a motor vehicle accident or moving violation in the past 3 years?  YES  NO

If YES, please explain \_\_\_\_\_

What types and makes/models of construction equipment can you operate or repair? \_\_\_\_\_

\_\_\_\_\_

List any craft training programs in which you have participated \_\_\_\_\_

\_\_\_\_\_

**C. EMPLOYMENT**

Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in completing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

List your three most recent positions held, starting with the most recent employer first.

From /	Employer Name: Address:	Position held, duties	Supervisor May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
To /	Phone number:		Starting Pay
Reason for leaving			Ending Pay
From /	Employer Name: Address:	Position held, duties	Supervisor May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
To /	Phone number:		Starting Pay
Reason for leaving			Ending Pay
From /	Employer Name: Address:	Position held, duties	Supervisor May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
To /	Phone number:		Starting Pay
Reason for leaving			Ending Pay

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

Name	Address/Phone	Years Known/Relationship
1.		
2.		

**OSPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have your own craft tools, clothing, and other equipment?  YES  NO

Have you attended High School, Vocation/Technical School or College?  YES  NO

If YES, please specify \_\_\_\_\_

**CERTIFICATION & RELEASE**

I certify that the information contained in this application are true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain provisions of Iowa law, I may be required to submit to a post offer pre-employment physical (which will include a drug test) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of the results to the company.

Signature \_\_\_\_\_  
 (Note: This application will be active for 6 months)

Date \_\_\_\_\_

*This company does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.*

**AN EQUAL EMPLOYMENT  
 OPPORTUNITY EMPLOYER**