

	Employment Application			
	Quality Management System		Human Resources	
Doc. No. F015	Issued: 2/18/13	Revised: 8/6/14	Prev. Rev. 2/1813	Doc. Owner: DAK

Our policy is to provide an equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Instructions:	
Please complete this application by <i>PRINTING</i> in blue or black ink. INCOMPLETE or UNSIGNED applications will not be considered. Complete each question as appropriate; mark "N/A" if question does not apply.	
Personal Information	Date: / /
Applicant's Full Name:	Soc. Sec. #: - -
Address:	
Telephone Number: () -	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you either a US citizen or an alien authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked or attended school under another name*? <input type="checkbox"/> Yes <input type="checkbox"/> No	*If yes, under what name(s)?
Have you ever been convicted of a crime**? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide Details/dates:
** A "Yes" answer will not automatically disqualify you from employment. We will consider the nature and date(s) of the offense and the job which you are applying for job-related purposes only, and only to the extent permitted by applicable law.	
Position Desired:	Date Available: / / <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Desired Wages: \$
Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Preferred Shift: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Any
Available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously worked for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held:	Former Supervisor:
Reason for Leaving:	
How did you learn about this opening?	Please explain:

Education	
High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Course of Study:
Address:	Year:
City, State, Zip:	
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Course of Study:
Address:	Year:
City, State, Zip:	
College or University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Course of Study:
Address:	Year:
City, State, Zip:	
Area of Concentration and/or degree(s), certificates, licenses, endorsements:	
Other education, training or special skills (machines operated, special courses, etc.):	

Military Experience	
Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide relevant information below:
Branch of Service:	Dates: / / to / / Rank at Discharge:
Education and Training:	



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Work Experience

Please list all previous employment, beginning with the **most recent**. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
		City, State, Zip:	
From / to /	Position Held:		Reason for Leaving:
Supervisor's Name and Title:			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of job duties:			
Starting hourly pay rate:		Final hourly pay rate:	
Employer:		Address:	
		City, State, Zip:	
From / to /	Position Held:		Reason for Leaving:
Supervisor's Name and Title:			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of job duties:			
Starting hourly pay rate:		Final hourly pay rate:	
Employer:		Address:	
		City, State, Zip:	
From / to /	Position Held:		Reason for Leaving:
Supervisor's Name and Title:			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of job duties:			
Starting hourly pay rate:		Final hourly pay rate:	

Authorization and Acknowledgements

_____ (Initial) I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this employment can be grounds for ejection of my application, or, if I am employed by the Company, can be grounds for my immediate termination from the Company.

_____ (Initial) I authorize the Company to run a background check, verify my references, record of employment, educational record, and verify any other information I have provided above. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers and all other persons and entities from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.

_____ (Initial) I understand that Iowa is an "employment at will" state, meaning that an employer or employee may terminate the relationship at any time, for any reason, or for no reason at all.

_____ (Initial) I understand that completing this application is not a guarantee of employment, now or in the future.

_____ (Initial) I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

_____ / / _____
 Applicant's Signature: Date Signed: E-mail Address: