

APPLICATION FOR EMPLOYMENT

For Office Use Only

INTERVIEWS SCHEDULED			
	Date	Time	Interviewer
1			
2			
3			

Date: _____/_____/_____

PLEASE TYPE OR PRINT. In order to be considered for employment, this application must be completed in full. Please indicate the specific job title for which you are interested in being considered.

PERSONAL DATA

Name (Last, First, Middle)			
Address	City	State	Zip
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
E-mail address	Social Security Number	Are you a citizen of the U.S. or can you submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: New employees will be required to substantiate work eligibility status in compliance with the Immigration Reform and Control Act of 1986.

GENERAL INFORMATION

Position Applying For	Salary Requirement	Date Available
Work Status Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Summer	If seeking part-time, hours available	Could you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever submitted an application for employment here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Have you ever been employed here or with any of our affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?	
Are you related to anyone currently employed by our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name(s) and relationship(s)	
Referral Source (please check all that apply)	<input type="checkbox"/> Website <input type="checkbox"/> Job Posting/ Newspaper Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Staffing Agency <input type="checkbox"/> Government Agency (IA Workforce Development) <input type="checkbox"/> Other <input type="checkbox"/> Referred by _____	
Have you ever been convicted of, or plead guilty or no contest to any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide date(s) and details <small>(Any criminal offense will not necessarily disqualify you from employment, but each offense will be evaluated based upon its nature, when it occurred and the type of position sought with the company.)</small>	

This company practices equal employment opportunity. We do not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, gender bias, gender identity, disability, or status as a disabled or Vietnam era veteran. This form is designed to secure information that is job related; no question in this application form is intended to secure information that will be used for any unlawful or discriminatory purpose.

EDUCATION

	Name of School	City/State	# of years completed	Did you graduate?	Degree Earned	Major
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Other _____	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Masters <input type="checkbox"/> Other _____	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK HISTORY

Please list your work experience beginning with your most recent job held. Please include at least the **past five years**, attach additional sheets if necessary.

Employer Name	EMPLOYMENT DATES		Last Job Title
Address	From (MO/YR)	To (MO/YR)	Summary of Duties
	SALARY		
Phone Number	Starting	Final	
Supervisor Name	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for leaving

Employer Name	EMPLOYMENT DATES		Last Job Title
Address	From (MO/YR)	To (MO/YR)	Summary of Duties
	SALARY		
Phone Number	Starting	Final	
Supervisor Name	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for leaving

Employer Name	EMPLOYMENT DATES		Last Job Title
Address	From (MO/YR)	To (MO/YR)	Summary of Duties
	SALARY		
Phone Number	Starting	Final	
Supervisor Name	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for leaving

SKILLS

What foreign language(s) do you speak, read or write?

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Computer Software experience (check all that apply and select proficiency 1=Novice/Beginner, 5=Advanced/Expert)

MS Word 1 2 3 4 5 MS Excel 1 2 3 4 5

MS PowerPoint 1 2 3 4 5 Internet 1 2 3 4 5

Publishing software _____ 1 2 3 4 5

Other word processor program _____ 1 2 3 4 5

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Include courses taken in school, present or past positions, skills or special training, educational honors, or other experience you would like to have considered.

PROFESSIONAL REFERENCES

Please provide at least two business or professional references

Name	Title	Company Name and Address	Telephone Number	E-mail

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.

I authorize the references listed in this Application, including personal and employment references, to provide you with all information pertinent to this Application and I release all parties from liability for any damages that may result from the release of any information as a part of the employment verification process. In consideration for the Company's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the Company to conduct, when requested, a pre-employment drug screen, and a criminal or credit history investigation. Additionally I authorize the Company, in consideration for the Company's review of this application, to supply employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing. Further, I understand that Iowa is an employment-at-will state, as such, my employment may be ended by either me or my employer at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, and that, if employed, my employment is at will and that I have the right to terminate my employment at any time for any reason and that the Company retains the same right.

I understand and agree that upon the event of employment, I will be expected to be candid and cooperate fully with any and all investigative efforts undertaken by the Company to resolve any customer or monetary transactions.

I understand and agree that in accordance with Federal Law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment.

@ _____ @ _____

Signature of Applicant

Date

Applicant Data Record

Applicants are considered for all positions, and applicants are treated during employment without regard to race, color, religion, sex, national origin, sexual orientation, gender identity, age, marital or veteran status, medical condition or handicap.

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment or the Personnel File.

	Date
Position(s) applied for	
Referral Source	
<input type="radio"/> Advertisement	<input type="radio"/> Relative
<input type="radio"/> Employment Agency	<input type="radio"/> Walk-in
<input type="radio"/> Friend	<input type="radio"/> Other _____

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AFFIRMATIVE ACTION SURVEY
Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is strictly voluntary.
Check one <input type="radio"/> Male <input type="radio"/> Female
Race/Ethnic Group
<input type="radio"/> Hispanic or Latino
<input type="radio"/> White (Not Hispanic or Latino)
<input type="radio"/> Black or African American (Not Hispanic or Latino)
<input type="radio"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
<input type="radio"/> Asian (Not Hispanic or Latino)
<input type="radio"/> American Indian or Alaska Native (Not Hispanic or Latino)
<input type="radio"/> Two or More Races (Not Hispanic or Latino)
<input type="radio"/> I do not wish to provide this information
Check if any of the following are applicable
<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual

FOR PERSONNEL DEPARTMENT USE ONLY Position(s) sought is/are open: <input type="checkbox"/> Yes <input type="checkbox"/> No Position(s) considered for: _____ Date: _____
