



APPLICATION FOR EMPLOYMENT

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.		

SPECIAL 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 _____

MILITARY SERVICE

Branch of Service:	Dates of Service:	Final Rank:	Duties Performed Including Special Training and Work Experience:
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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**