



APPLICATION FOR EMPLOYMENT
(please print)

Today's Date: ___/___/___

NOTE TO THE APPLICANT: This application will be 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 employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to age, race, color, creed, sex, national origin, religion, disability, veteran's status or any other classification protected by federal, state or local laws. Additional testing of job-related skills, as well as a post-offer pre-employment physical (including a drug test) may be required.

PERSONAL INFORMATION

Full Name: _____ Social Security #: _____
First Middle Initial Last

Telephone Number: (____) _____ Best Time to Contact You: _____

Current Address: _____
Number Street City State Zip

Are you 18 years of age or older? (circle) YES NO Are you a military Veteran? (circle) YES NO
Are you legally able to work in the United States? (circle) YES NO Have you been convicted of a felony in the past 7 years? (circle) YES NO

DESIRED EMPLOYMENT & QUALIFICATIONS

Position you are applying for: _____ Desired Wage: \$_____/hour

Are you available to work: (circle) FULL-TIME PART-TIME TEMPORARY SEASONAL
Are you willing to travel if a job requires it? (circle) YES NO

Date you can start: ___/___/___

Do you have a valid license? (circle) YES NO If no, please skip the following questions regarding licenses.

If yes, what type: OPERATING LICENSE COMMERCIAL DRIVERS LICENSE

License Number: _____ Exp. Date: ___/___/___ State: _____

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

If yes, please explain: _____

During any of your past employment, have you been subject to the Federal Motor Carrier Safety Regulations? (circle) YES NO For which company(s)/positions(s)? _____

Have you ever held a job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? (circle) YES NO For which company(s)? _____

What types & makes/models of construction equipment can you operate or repair? _____

List any craft training programs or certifications you have: _____

Please summarize any special skills & qualifications acquired from employment or other experiences: _____

Please continue to back side

EMPLOYMENT HISTORY (Please provide as much information as possible. The information you provide will help determine whether you meet the minimum requirements for this position & help us measure your knowledge, skills & ability to perform job duties required for the position to which you are applying for. Start with your current or most recent experience & explain all gaps in employment.)

Start Month/Year: ____/____/____ Company Name: _____ City/State: _____
End Month/Year: ____/____/____ Job Title: _____ Ending Pay: \$ _____
Detailed Job Duties: _____
Reason for Leaving: _____

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End Month/Year: ____/____/____ Job Title: _____ Ending Pay: \$ _____
Detailed Job Duties: _____
Reason for Leaving: _____

EDUCATION

Do you have a High School Diploma or GED? (circle) YES NO
Name of last school attended: _____ City: _____ State: _____
Last year of school completed: (circle) 6 7 8 9 10 11 12 13 14 15 16 17 18
Highest degree earned: (circle) High School Diploma GED Certificate AA BD MD PHD Other
Area of concentration &/or other degree(s), certifications, licenses or endorsements: _____

Other training or skills: _____

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

#1 Name/Relationship: _____ # of Years Known: _____
City/State: _____ Phone Number: (____) _____
#2 Name/Relationship: _____ # of Years Known: _____
City/State: _____ Phone Number: (____) _____

CERTIFICATION & RELEASE

I certify that the information contained in this application is true, complete & accurate. I understand that omission or misrepresentation of facts may result in rejection of my application or be cause for dismissal during employment. I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts & law enforcement agencies to give you any & all pertinent information they may have. I understand that, if hired, my employment may be terminated at any time, with or without cause & with or without notice by either party. 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 an examination if required so by company policy & permit disclosure of the results to the company.

Signature: _____ Date: ____/____/____