

# Application for Employment



316 W Milwaukee St., New Hampton, IA 50659  
 800-222-6047 | ZIPS.COM

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, veteran status, marital status, disability, handicap, sexual orientation, citizenship status or any condition prescribed by state or local law.

## Personal

_____			_____
Last Name	First	Middle	Date
_____			_____
Street Address			Phone
_____			_____
City	State	Zip	Social Security Number

Have you ever applied for employment with us?  Yes  No  
 If yes: \_\_\_\_\_  
           Month           Year           Location

Position Desired: \_\_\_\_\_ Expected pay: \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

Apart from absence for religious observance, are you available for full-time work?  Yes  No  
 If not, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?  Yes  No  
 If "Yes," describe in full: \_\_\_\_\_

Have you ever been bonded?  Yes  No  
 If "Yes," with what employers? \_\_\_\_\_

Other special training or skills (languages, machine operation, etc.) \_\_\_\_\_

## Education

School	Name & Location of School	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
Graduate					
College					
Business/ Trade/Technical					
High School					
Elementary					

## Employment History

Please give accurate, complete full-time and part-time employment record.  
Start with your present or most recent employer.

Company Name	Telephone (    )
Address	Dates Employed (Month/Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
Job Title and Duties	Reason for Leaving

Company Name	Telephone (    )
Address	Dates Employed (Month/Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
Job Title and Duties	Reason for Leaving

Company Name	Telephone (    )
Address	Dates Employed (Month/Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
Job Title and Duties	Reason for Leaving

Company Name	Telephone (    )
Address	Dates Employed (Month/Year) From                      To
Name of Supervisor	Weekly Pay Start                      Last
Job Title and Duties	Reason for Leaving

We may contact the employers listed above unless you indicate below those you do not want us to contact.

Employer	Reason
Employer	Reason

Did you serve in the U.S. Armed Forces?  Yes  No

If yes, what branch? \_\_\_\_\_

Please describe any training received relevant to the position for which you are applying:

---



---

## **Additional Information**

Please list any membership in professional and civic organizations, special accomplishments, awards, etc. Exclude those which may disclose your race, color, religion, age or national origin.

---

---

---

## **Applicant's Signature**

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

---

DATE

---

SIGNATURE