



# Application for Employment

P. O. Box 19 ♦ Afton, IA 50830  
 Ph 641-347-8428 ♦ Fx 641-347-5465

Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Please print clearly.

**Personal**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No \_\_\_\_\_

Last First Middle

Present Address \_\_\_\_\_ Telephone No \_\_\_\_\_

Street

City State Zip

Are you legally eligible for employment in the U.S.A. \_\_\_\_\_ State age if under 18 or over 70 \_\_\_\_\_

What method of transportation will you use to get to work \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Would you work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by us \_\_\_\_\_ If yes, when \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work \_\_\_\_\_

Do you hold a valid Commercial Driver License \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization

**Record of Education**

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate	Diploma or Degree
Elementary		X	5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List below all present and past employment, beginning with your most recent:

Name and Address of Company and Type of Business	From Mo/ Yr	To Mo/ Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
_____ _____ _____ Telephone:	/	/		\$	\$		

Name and Address of Company and Type of Business	From Mo/ Yr	To Mo/ Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
_____ _____ _____ Telephone:	/	/		\$	\$		

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Name and Address of Company and Type of Business	From Mo/ Yr	To Mo/ Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
_____ _____ _____ Telephone:	/	/		\$	\$		

May we contact the employers listed above \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact \_\_\_\_\_

**Personal References** (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

**Military Service Record**

Were you in U.S. Armed Forces Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

Have you taken any training under the GI Bill of Rights \_\_\_\_\_ If yes, what training did you take \_\_\_\_\_

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

\_\_\_\_\_  
Signature of Applicant

Applicant: Read this introduction carefully before answering any questions in the following blocked-off area.  
The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.  
Do not answer any question contained in the below blocked-off area unless the employer has checked the box next to the question, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, a bona fide occupational qualification or business necessity.

- How long have you lived at present address \_\_\_\_\_
- Previous address \_\_\_\_\_ How long did you live there \_\_\_\_\_
- Are you over the age of eighteen \_\_\_\_\_ If no, hire is subject to verification that you are of minimum legal age
- How do you wish to be addressed \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss \_\_\_\_\_ Ms.
- Sex \_\_\_\_\_ M \_\_\_\_\_ F     Height \_\_\_\_\_ ft \_\_\_\_\_ in     Weight \_\_\_\_\_ lbs
- Marital status \_\_\_\_\_ Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed
- Date of marriage \_\_\_\_\_     Number of dependents including yourself \_\_\_\_\_     Are you a citizen of the U.S.A. \_\_\_\_\_
- What is your present Selective Service Classification \_\_\_\_\_
- Indicate dates you attended school: Elementary from \_\_\_\_\_ to \_\_\_\_\_ H.S. from \_\_\_\_\_ to \_\_\_\_\_ College from \_\_\_\_\_ to \_\_\_\_\_
- Have you ever been bonded \_\_\_\_\_ If yes, on what jobs \_\_\_\_\_
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past 10 years which has not been annulled or expunged or sealed by a court \_\_\_\_\_ If yes, describe in full \_\_\_\_\_
- Do you have any physical condition which may limit your ability to perform the particular job for which you are applying \_\_\_\_\_ If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it \_\_\_\_\_
- Do you have any physical defects which preclude you from performing certain kinds of work \_\_\_\_\_ If yes, describe such defects and specific work limitations \_\_\_\_\_
- Have you had a major illness in the past 5 years \_\_\_\_\_ If yes, describe \_\_\_\_\_
- Have you received compensation for injuries \_\_\_\_\_ If yes, describe \_\_\_\_\_
- List any friends or relatives working for us, other than spouse \_\_\_\_\_
- Employer may list other bona fide questions on lines below:  
\_\_\_\_\_  
\_\_\_\_\_