

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER _____ DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? YES NO

ARE YOU ABLE TO GET A VERIDIAN ACCOUNT? YES NO

DO YOU HAVE A VALID IOWA ID? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

Are you employed now? YES NO

If so may we contact your present employer? YES NO

Have you ever applied to this company before? YES NO When? _____

Referred by _____

Shift Preference 1st _____ 3rd _____

EDUCATION

High School Attended and Location	No. of Years Completed	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College Attended and Location	No. of Years Completed	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

GENERAL

Special Courses, Training or Experience/Skills Related to the Position for Which You Are Applying

US Military Service _____ Rank _____

Present Membership in National Guard or Reserves _____

(Continued On Other Side)

FORMER EMPLOYERS (List Current Employer First)

DATE - To & From Month/Year	EMPLOYER Name & Address	POSITION	REASON FOR LEAVING

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES — GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date _____ Signature _____

EMPLOYER COMMENTS: _____
