



Employment Application for TimberPine Inc.

18863 Jewell Dr
 Earlham, IA 50072
 515-207-2115

515-619-5742 Fax

Date of Application _____

Personal Information

Name		Date of Birth:
Address, City, State, Zip		Social Security Number:
Cell Phone	Home Phone	Do you have a valid Iowa drivers license? Yes or No CDL Yes or No
Alt phone		Desired salary/wage?

Employment Desired

Position	Available for work? (circle all) S M T W T F S	Full or Part-time
Are you employed now?	May we contact your current employer? Name/Phone	

Education History

Name/Location of School	Years Attended	Graduate?	Subjects Studied / Major
High School			
College/Trade School/Military			

Skills

Type	Months/years	Description
Skidloader & type		
Machinery		
Truck Driver		
Supervisory		
Sales/Office		
Landscaping		
Greenhouse/Nursery		
Farm		
Other		

Former Employers

Dates Month & Year	Name & Address of Employer	Salary or Wage	Position	Reason for Leaving
From		Start		
To		Finish		
From		Start		
To		Finish		
From		Start		
To		Finish		

References--Prefer non-relatives

Name	Address	Business	Years known	Telephone #

Are you at least 18 years of age and legally eligible to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been discharged or asked to resign from a job? Yes No
 If yes explain. _____

Have you ever been convicted of a felony? Yes No
 If yes explain. _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained herein, and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ Signature: _____

Interviewed By: _____ Date: _____

Remarks

Hired?	Position	Start date:	Salary
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