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## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

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### PERSONAL

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**Name:** \_\_\_\_\_  
First Middle Initial Last

**Address:** \_\_\_\_\_  
Street City State Zip

**Soc. Sec. #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
Best # to reach you

**E-mail:** \_\_\_\_\_ Referred by ? \_\_\_\_\_

Are you 18 years of age or older? Yes ☐ No ☐

Are you legally able to work in  
The United States? Yes ☐ No ☐

Do you have a valid Driver's License? Yes ☐ No ☐

Are you a military Veteran? Yes ☐ No ☐  
If Yes, Dates of Active Duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other names(s) that this company will require to verify any of  
the information on this application?

\_\_\_\_\_

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### EMPLOYMENT DESIRED

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**Job Title** \_\_\_\_\_ **Date Available to start** \_\_\_\_\_

**Wage Desired:** \_\_\_\_\_ Full-Time ☐ Part-Time ☐

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## EDUCATION

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Do you have a High School Diploma or GED? Yes ☐ No ☐

Last School Attended \_\_\_\_\_  
City State

Circle last year of school completed: 10 11 12 13 14 15 16 17 18

Circle highest degree earned: HS Diploma GED Certificate AA BD other

List any degree(s), certificates, licensees, or endorsements received:

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Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, Equipment operated, etc)

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## MILITARY SERVICE RECORD

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What is your present Service classification? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

List duties in service, including any special training:

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## PERSONAL REFERENCES

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(No former employers or relatives)

Name

Address

Phone #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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## EMPLOYMENT HISTORY

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*List Past Employment. Beginning With Most Recent. Please explain all gaps in employment.*

1. **Name & Address of Company:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Describe your responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_  
**Starting rate of pay:** \_\_\_\_\_ **Ending rate of pay:** \_\_\_\_\_
  
2. **Name & Address of Company:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Describe your responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_  
**Starting rate of pay:** \_\_\_\_\_ **Ending rate of pay:** \_\_\_\_\_
  
3. **Name & Address of Company:** \_\_\_\_\_  
**Name of Supervisor:** \_\_\_\_\_  
**Describe your responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_  
**Starting rate of pay:** \_\_\_\_\_ **Ending rate of pay:** \_\_\_\_\_

4. **Name & Address of Company:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Describe your responsibilities:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Starting rate of pay:** \_\_\_\_\_ **Ending rate of pay:** \_\_\_\_\_

**May we contact your former employers to verify this information?** Yes ☐ No ☐

**May we contact your present employer?** Yes ☐ No ☐

**Please provide any additional information about your ability or interests that makes you a good candidate for this position:**

All answers to questions on this application are kept in strict confidence. It is your right to refuse to answer any or all questions. Thank you for your cooperation.

King Construction is an equal opportunity employment company. It is the policy of this company to assure that applicants are employed and that employees are treated during employment, without regard to their race, religion, sex, color, creed, national origin, or disability. Such action shall include employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.

The facts set forth in my above application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

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

\_\_\_\_\_  
**Date**

In case of emergency, contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Emergency Contact