Application for Employment

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.

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

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

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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