

# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

If you need help completing this application form, or at any phase of the employment process, please notify the person that gave you this form. Every effort will be made to reasonably accommodate your needs.

1. **Thoroughly complete all parts of this form.**
2. If more space is needed to complete any question, attach additional sheet.
3. Print clearly; incomplete or illegible applications will not be processed.
4. Read and sign "Applicant's Note" and "Release of Information".

## NOTICE

A drug test is part of our pre-employment processing

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

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

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

Are you at least 18 years of age?  Yes  No

Are you lawfully entitled to be employed by our Company in the United States?  Yes  No

Have you ever worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

In what job position(s): \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Conviction will not necessarily disqualify an applicant from employment. (You are not required, nor will you be asked, to report whether you have a **sealed** conviction or arrest.)

If **YES**, please explain \_\_\_\_\_

Have you failed or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you?  Yes  No

## JOB REQUESTED

List position applying for: \_\_\_\_\_

Salary/wage expected \$ \_\_\_\_\_ per \_\_\_\_\_ What date can you start? \_\_\_\_\_

Available to Work:  Weekends  Weekdays  Full Time  Part Time  
 (Mark all that apply)  Evenings  Nights  Overtime  Shift

Please state the reason you feel you are qualified for this position?

## EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	Highest Grade Completed	Did You Graduate?	Type of Degree Received	Course of Study
HIGH SCHOOL			<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
COLLEGE			<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
BUSINESS OR TRADE			<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
OTHER			<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		

## SPECIAL SKILLS

Please indicate if you have any special skills, training or experience relevant to the job for which you are applying. Be specific (for example; licenses, certificates, types of equipment, etc.).

## REFERENCES

Please list three references that can provide us with information about your qualifications to perform the job for which you are applying. **Do not** include relatives.

Name

Address

Telephone Number

Occupation

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# WORK EXPERIENCE

List your work experience for the past 10 years beginning with your most recent job. If you were self-employed, give firm name. (Attach additional sheet if necessary)

**Your application will not be considered unless every question is answered completely.**

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.						

May we contact your present employer?  Yes  No

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.						

## Applicant's Note

All qualified applicants will receive consideration without discrimination because of sex, race, age, creed, national origin or the presence of disabilities. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the Company. In the event that you have a disability that will affect your ability to take the test, you must inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation. After four months, future consideration will depend on reapplication.

## Certification and Release of Information

I \_\_\_\_\_ (**print name**) understand that my application is intended for use in evaluating my qualifications for employment and is not an employment contract. I further understand and acknowledge that should I be hired, my employment is "at-will" meaning employment may be terminated at any time for any reason, with or without cause. This means that I may be discharged at the will of management and, similarly, I may resign at my will at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

**I certify that the information I am providing on this application is true and complete to the best of my knowledge.** I understand that giving false or misleading statements during the interview and/or on this form, is grounds for terminating the application process or, if discovered after employment, terminating my employment.

I also understand that the illegal use of drugs is prohibited during employment. **I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment.**

I authorize the Company and/or its agents, including consumer-reporting bureaus, to obtain and verify any job related information. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

**My signature below indicates that I have read and agree to the Statement(s) above.**

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SIGNATURE

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DATE

**Human Resource Dept.  
2117 State Street, Suite 105  
Bettendorf, IA 52722**

**Phone (877) 843-0401  
Fax (877) 288-9201**



**AUTHORIZATION FOR BACKGROUND CHECK**  
**For**  
**PRIOR DRUG AND ALCOHOL USE**

I \_\_\_\_\_ (**print name**) understand that per federal regulations the company is required to perform background checks on all prospective employees who will perform safety-sensitive duties to determine prior drug or alcohol use.

As an applicant for one of these positions, I hereby **authorize** the Company and/or its agent(s) to obtain and verify with my former employer(s) for the past two years the following information:

- 1) Alcohol tests with results of .04 or higher
- 2) Verified positive drug tests
- 3) Refusals to be tested for drugs or alcohol
- 4) Other violations of DOT drug and alcohol testing regulations, and
- 5) In the case of a violation of DOT drug and alcohol regulations, the documentation proving my successful completion of DOT return-to-duty requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**REFUSAL OF CONSENT**

I hereby **refuse** to give the company authorization to perform the above background check(s). I understand that by making this refusal I will not be authorized to work in any safety-sensitive position and, therefore, may not be hired by the company.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Company  
Representative: \_\_\_\_\_ Date \_\_\_\_\_