



877 1st Ave NW Sioux Center, IA 51250

# APPLICATION FOR EMPLOYMENT

We consider all applications regardless of race, color, religion, sex, national origin, age, marital or veteran status or any other legally protected status.

Date of Application \_\_\_\_\_

## PERSONAL INFORMATION

Full Name \_\_\_\_\_  
Last First Middle

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

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you 18 years old or older?  Yes  No Have you ever been convicted of a crime?  Yes  No  
If yes, please explain \_\_\_\_\_

Have you been known by any other name(s) other than what is listed on the application?  Yes  No  
If yes, please list name(s) \_\_\_\_\_

## EMPLOYMENT DESIRED

Job applying for \_\_\_\_\_ Date Available \_\_\_\_\_

Expected Pay \_\_\_\_\_ Shift  Day  Night Status  Full-time  Part-time  Temporary

If part-time/temporary what hours? \_\_\_\_\_

Other positions you would be interested in \_\_\_\_\_

May we contact your present employer?  Yes  No \_\_\_\_\_

How did you learn of the opening?

Newspaper \_\_\_\_\_  Employee \_\_\_\_\_  Other \_\_\_\_\_

## EDUCATION

School	Name & Location	Course of Study	Circle Last Completed	List Diploma or Degree
Elementary			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Other(specify)				

Scholastic Honors Received \_\_\_\_\_

List any other experiences, skills, qualifications or training \_\_\_\_\_

## MILITARY EXPERIENCE

Were you in the Armed Forces?  Yes  No Dates of Duty \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**EMPLOYMENT EXPERIENCE**

Please list current or most recent employment first

Employer	Dates Employed		Job Title
Address	From	To	Duties and Responsibilities _____ _____
Phone Number	Wage Information		
Supervisor	Starting	Ending	
Reason for Leaving			

Employer	Dates Employed		Job Title
Address	From	To	Duties and Responsibilities _____ _____
Phone Number	Wage Information		
Supervisor	Starting	Ending	
Reason for Leaving			

Employer	Dates Employed		Job Title
Address	From	To	Duties and Responsibilities _____ _____
Phone Number	Wage Information		
Supervisor	Starting	Ending	
Reason for Leaving			

Employer	Dates Employed		Job Title
Address	From	To	Duties and Responsibilities _____ _____
Phone Number	Wage Information		
Supervisor	Starting	Ending	
Reason for Leaving			

I verify that all information contained in this application is correct and true. I authorize an investigation of all statements contained in this application and release from all liability or responsibility all persons, companies or corporations supplying such information. I understand that if I am employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal, whenever it is discovered.

I understand that my employment would be at will, and that either party is free to terminate the employment relationship without cause at any time.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I will also be required to successfully complete a health assessment and drug test before employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_