



BROOKLYN IA 52211

PHONE: 641-522-9206 FAXES: 641-522-9407 or 641-522-5594

APPLICATION FOR EMPLOYMENT PLEASE PRINT

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which will include a drug test) may be required.

Job Applied For _____ Date _____

A. PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____ STREET APT. # CITY STATE ZIP

Telephone Number where you can be contacted _____

Are you at least 18 years of age? () YES () NO Child labor laws prohibit employment of individuals under the age of 18 in certain occupations considered to be hazardous.

Are you eligible for employment in the United States? () YES () NO

Do you speak, read, or write fluently in a language other than English? () YES () NO

If YES, describe ability and list language(s) _____

Who referred you? _____

B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

On what date would you be available for work? _____

Are you available to work: () FULL TIME () PART TIME () SUMMER ONLY () TEMPORARY

Have you worked for this Company before? () YES () NO Where? _____

Dates of previous employment: From _____ To _____ Reason for leaving _____

Are you on a lay-off and subject to recall? () YES () NO

Can you travel if a job requires it? () YES () NO

Would you accept employment: () Out-Of-Town () Statewide () Unaccompanied by Family

Do you have a valid driver's license? () YES () NO

If YES, please specify the type of license: () OPERATING LICENSE () COMMERCIAL DRIVERS LICENSE

List the following License Number: _____ Expiration Date _____ State of issue _____

Have you had a motor vehicle accident or moving violation in the past 3 years? () YES () NO

If YES, please explain _____

What types and makes/models of construction equipment can you operate or repair? _____

List any craft training programs in which you have participated _____

C. EMPLOYMENT

Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in completing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

List your three most recent positions held, starting with the most recent employer first.

From /	Employer Name: Address:	Position held, duties	Supervisor
To	Phone number:		May we contact? () Yes () No
			Starting Pay
			Ending Pay
Reason for leaving			
From /	Employer Name: Address:	Position held, duties	Supervisor
To	Phone number:		May we contact? () Yes () No
			Starting Pay
			Ending Pay
Reason for leaving			
From /	Employer Name: Address:	Position held, duties	Supervisor
To	Phone number:		May we contact? () Yes () No
			Starting Pay
			Ending Pay
Reason for leaving			

REFERENCES Include only individuals familiar with your work ability. Do **not** include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. _____

Do you have your own craft tools, clothing, and other equipment? () YES () NO

Have you attended High School, Vocation/Technical School or College? () YES () NO

If YES, please specify _____

CERTIFICATION & RELEASE

I certify that the information contained in this application are true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain provisions of Iowa law, I may be required to submit to a post offer pre-employment physical (which will include a drug test) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of the results to the company.

Signature _____ Date _____
(Note: This application will be active thru the current calendar year)

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

This company does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.

