



950 – 50th Street, Marion, Iowa 52302, (319)373-8001

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____ Email _____

Social Security # (optional): _____ Drivers' License # (optional): _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you legally authorized to work in the United States? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No If yes, please describe circumstances: _____

Have you been involuntarily terminated or asked to resign from any position? [] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

EDUCATION				
School Name	Location	Years Attended	Degree Earned	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT (starting with most recent)

1. Employer _____ Dates Employed _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

2. Employer _____ Dates Employed _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

3. Employer _____ Dates Employed _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

EMPLOYMENT (continued)

Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any other employer that might restrict you from working for this Company (you will be required to furnish a copy of the agreement if you are being considered for hire)? [] Yes [] No

MILITARY SERVICE (complete only if you served in the military)

Branch of Service: _____ Number of Years /Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Describe any military skills, training or experience you believe are relevant to the job you applied for: _____

REFERENCES

Please list two references: one job-related and one professional/character. **None** can be relatives or family members.

1. Name _____ Phone # _____

How are you acquainted with this reference? _____

2. Name _____ Phone # _____

How are you acquainted with this reference? _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent upon satisfactory results on all required tests.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date