



1400 South 4<sup>th</sup> St.  
Forest City, IA 50436

Phone: 641-585-2231 Fax: 641-585-5588

APPLICATION FOR EMPLOYMENT

**WE REQUIRE PRE-EMPLOYMENT DRUG SCREENING**

**PLEASE PRINT**

Where did you hear about our company? \_\_\_\_\_

Position Desired: \_\_\_\_\_ Hourly Rate/Salary Desired: \_\_\_\_\_

**A: PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Current address: Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Are you at least 18 years of age?  Yes  No

What is your military status? \_\_\_\_\_

Are you legally eligible to be employed in the United States?  Yes  No

(Proof of identity and eligibility will be required upon employment).

Can you perform the essential functions of the position for which you are applying?  Yes  No

If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question. \_\_\_\_\_

Do you speak, read or write fluently in a language other than English?  Yes  No

If yes, describe ability and list language(s) \_\_\_\_\_

**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  Temporary

Are you on lay-off and subject to recall?  Yes  No

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license?  Yes  No If yes, please circle which type: Class A B or C

List the following: License number \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you had a motor vehicle accident or moving violation in the past 3 years?  Yes  No

If yes, please explain: \_\_\_\_\_

What types of construction equipment do you have experience with? \_\_\_\_\_

List any craft training programs in which you have participated: \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experiences: \_\_\_\_\_

Do you have your own craft tools, PPE and other equipment? \_\_\_ Yes \_\_\_ No

Would you accept employment \_\_\_ Out of town? \_\_\_ Statewide? \_\_\_ Unaccompanied by family?

Have you attended High School, Vocation/Technical School or College? \_\_\_ Yes \_\_\_ No

If yes, please specify \_\_\_\_\_

### C: EMPLOYMENT HISTORY

Are you presently employed? \_\_\_ Yes \_\_\_ No If yes, may we contact your employer? \_\_\_ Yes \_\_\_ No

If presently employed, why are you considering leaving? \_\_\_\_\_

Please reference previous employment (LIST PRESENT OR LAST JOB FIRST)

1: Date: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2: Date: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3: Date: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever worked for this Company or any of its affiliates before? \_\_\_ Yes \_\_\_ No

If yes, which company/division? \_\_\_\_\_ When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

*"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal, and I agree to hold my employer harmless in the event of my dismissal based thereon.*

*I authorize investigation of all statements contained herein and to do background checks to give you all information concerning my previous employment and any pertinent information that they may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.*

*I realize that under certain provisions of Iowa law, pre-employment drug testing is a condition of my employment. I also acknowledge that the employer may require drug testing at a subsequent time, providing that proper advance notice of testing is provided.*

*I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to physical examination if required.*

*I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of wages and salary, be terminated at any time without prior notice. If employment is obtained under this application I will comply with all the rules and policies of my employer."*

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

**We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.**

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**