

APPLICATION FOR EMPLOYMENT

For Office Use Only

INTERVIEWS SCHEDULED			
	Date	Time	Interviewer
1			
2			
3			

Date: ____/____/____

PLEASE TYPE OR PRINT. In order to be considered for employment, this application must be completed in full. Please indicate the specific job title for which you are interested in being considered.

PERSONAL DATA			
Name (Last, First, Middle)			
Address	City	State	Zip
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
E-mail address	Can you submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL INFORMATION		
Position Applying For	Salary Requirements	Date Available
Work Status Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Summer	If seeking part-time, hours available	Could you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever submitted an application for employment here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Have you ever been employed here or with any of our affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where?	
Are you related to anyone currently employed by our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list names(s) and relationship(s)	
Referral Source (please check all that apply)	<input type="checkbox"/> Website <input type="checkbox"/> Job Posting/ Newspaper Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Staffing Agency <input type="checkbox"/> Government Agency (IA Workforce Development) <input type="checkbox"/> Other <input type="checkbox"/> Referred by _____	

Section 19 of the FDIA (Federal Deposit Insurance Act) prevents banks and other financial institutions from hiring or employing individuals who have been convicted of, or entered into a pretrial diversion program for, any criminal offense involving dishonesty or breach of trust or money laundering. A conviction does not automatically prevent you from employment.

Have you ever been convicted of or plead guilty to an above offense? Yes No

This company practices equal employment opportunity. We do not discriminate in hiring or employment on the basis of race, color, religion, sex (including pregnancy), national origin, age, gender identity, disability, sexual orientation, genetic information, service in the uniformed services, or any other legally protected status. This form is designed to secure information that is job related; no question in this application form is intended to secure information that will be used for any unlawful or discriminatory purpose.

EDUCATION

	Name of School	City/State	# of years completed	Did you Graduate?	Degree Earned	Major
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Other _____	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Masters <input type="checkbox"/> Other _____	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK HISTORY

Please list your work experience beginning with your most recent job held. Please include at least the **past five years**, attach additional sheets if necessary.

Current Employer Name	EMPLOYMENT DATES	Last Job Title
	From (MO/YR) To (MO/YR)	
Address		Summary of Duties
Phone Number	SALARY	Reason for leaving
	Starting Final	
Supervisor Name		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

Employer Name	EMPLOYMENT DATES	Last Job Title
	From (MO/YR) To (MO/YR)	
Address		Summary of Duties
Phone Number	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for leaving
Supervisor Name		

Employer Name	EMPLOYMENT DATES	Last Job Title
	From (MO/YR) To (MO/YR)	
Address		Summary of Duties
Phone Number	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for leaving
Supervisor Name		

SKILLS

What language(s) other than English do you speak, read or write?

Language: _____ Speak Read Write

Language: _____ Speak Read Write

Computer Software experience (check all that apply and select proficiency 1=Novice/Beginner, 5=Advanced/Expert)

MS Word 1 2 3 4 5 MS Excel 1 2 3 4 5

MS PowerPoint 1 2 3 4 5 Internet 1 2 3 4 5

Publishing software _____ 1 2 3 4 5

Other word processor program _____ 1 2 3 4 5

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Include courses taken in school, present or past positions, skills or special training, educational honors, or other experience you would like to have considered.

PROFESSIONAL REFERENCES

Please provide at least two business or professional references

Name	Title	Company Name and Address	Telephone Number	E-mail

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.

I authorize the references listed in this Application, including personal and employment references, to provide you with all information pertinent to this Application and I release all parties from liability for any damages that may result from the release of any information as a part of the employment verification process. In consideration for the Company's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the Company to conduct, when requested, a pre-employment drug screen, and a criminal or credit history investigation. Additionally, I authorize the Company, in consideration for the Company's review of this application, to supply employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing. Further, I understand that Iowa is an employment-at-will state, as such; my employment may be ended by either me or my employer at any time with or without cause. 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 Company, and that, if employed; my employment is at will and that I have the right to terminate my employment at any time for any reason and that the Company retains the same right.

I understand and agree that in accordance with Federal Law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment.

In the absence of my handwritten signature, I understand that my typewritten name serves as a written signature for purposes of this application.

Signature of Applicant

Date

