

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	Are you a citizen of the U.S. or 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

If yes, please explain:

Date of occurrence:

What was the conviction?

What was the sentence?

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.

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

SKILLS

What foreign language(s) 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 upon the event of employment, I will be expected to be candid and cooperate fully with any and all investigative efforts undertaken by the Company to resolve any customer or monetary transactions.

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
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APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

We comply with government regulations, including affirmative action responsibilities where they apply.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Date _____

Position Applied For _____

Name _____ () Phone _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

Referral Source:

Advertisement Friend Relative
Employment Agency Walk In Other _____

**CONFIDENTIAL INFORMATION
VOLUNTARY SURVEY**

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

Male Female

Check one of the following Race/Ethnic Groups:

Hispanic or Latino Other

If other, check one of the following Race/Ethnic Groups:

White Black or African American
Asian Two or more Races
Native American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander

If Native American Indian, check if any of the following are applicable:

Formal member of a particular tribe

Have a membership card issued by the tribe

Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs

Are considered an American Indian in your community

Used American Indian School or hospital

I am a Protected Veteran

Yes

No

I Don't Wish to Answer

Definitions – Protected Veteran is one of the following:

1. A Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
2. Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>.
3. Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
4. Active - Duty Wartime or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A replica of that list is enclosed with the annual VETS-100A mailing. A copy of the list also may be obtained by sending an email to helpdesk@vets100.com or by calling (301) 306-6752 and requesting that a copy be mailed to you.

PAY TRANSPARENCY NONDISCRIMINATION PROVISION

The contractor will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information. 41 CFR 60-1.35(c)

If you believe that you have experienced discrimination contact OFCCP
1.800.397.6251 TTY 1.877.889.5627 www.dol.gov/ofccp



OFFICE OF FEDERAL CONTRACT
COMPLIANCE PROGRAMS

OFCCP