



MAINTAINER CORP OF IOWA, INC.

P.O. Box 349

Sheldon, IA 51201

Ph: 712-324-5001

Application For Employment

We consider applications for all positions without regard to race, color religion, creed, sex, national origin, disability, sexual orientations, citizenship status or any other legally protected status.

Position(s) Applied For

Date of Application

How Did You Learn About Us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other _____

Last Name

First Name

Middle Name

Address

Street

City

State

Zip Code

Telephone Number(s)

Social Security Number (Voluntary)

Best time to contact you at home is:

____:____ AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Do any of your friends or relatives, other than a spouse, work here?.....

Yes No

Are you currently employed?

Yes No

May we contact your present employer?.....

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or

Immigration Status Proof of citizenship of immigration status will be required up employment

Yes No

Date available for work _____ What is your desired salary range? _____

Are you available to work:

Full-Time

Part-Time

Temporary

(please indicate day shift night shift)

(please indicate Mornings Afternoon Evenings)

(please indicate dates available _____ - _____)

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last five years?.....

Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations with indicate race, color, religion, gender, national origin, disabilities or other status.

1.	Employer	Dates Employed		Worked Performed
		from	to	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Worked Performed
		from	to	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Worked Performed
		from	to	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Worked Performed
		from	to	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

List professional , trade, business or civic activities and office held.

You may exclude membership which reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (check skills / Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Welding	Production/Mobile Machinery (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="checkbox"/> MIG	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="checkbox"/> TIG	_____
WPM_____	WPM_____	<input type="checkbox"/> Other: _____ _____	_____

State any additional information you feel may be helpful to us in considering your application.

References

1.	_____ (_____) _____	_____ (Phone#)
	(Name)	

	(Address)	
2.	_____ (_____) _____	_____ (Phone#)
	(Name)	

	(Address)	
3.	_____ (_____) _____	_____ (Phone#)
	(Name)	

	(Address)	

Applicant's Statement

I certify that answers given herein are true and complete.

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

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 defended 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 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

Print

Submit as an Email

(Outlook)

Save as a file

(attach to Yahoo, Hotmail, etc.)