



**APPLICATION FOR EMPLOYMENT**  
 (Pre-employment questionnaire)  
 (An equal opportunity employer)

1320 W. Main St.  
 PO Box 928  
 Washington, IA 52353  
 Phone: 319-653-3957  
 Fax: 319-653-9067

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Are you 18 or older?  Yes  No

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now?  Yes  No If so, may we contact your present employer?  Yes  No

Are you able to work  Full Time  Part Time  Temporary

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

Can you travel if job requires?  Yes  No  Possibly \_\_\_\_\_

Do you have a valid driver's license?  Yes  No DL # \_\_\_\_\_ Expires \_\_\_\_\_  Class A  Class B

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

If YES, please explain: \_\_\_\_\_

**EDUCATION**

Level	Name & Location of School	# of years attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade School				

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**TRADE EXPERIENCE AND EXPERTISE**

What type of experience do you have? Be specific (Use back of page if necessary) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List types and models of equipment you are competent at operating. Be specific (Use back of page if necessary) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many years' experience do you have operating this equipment? \_\_\_\_\_

**FORMER EMPLOYERS** List below the last three employers, starting with the last one first

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
Supervisor				
From				
To				
Supervisor				
From				
To				
Supervisor				

**REFERENCES** Give the name of three persons not related to you, whom you have known at least one year.

Name	Business	Phone #	Years Acquainted

**PHYSICAL RECORD**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes  No If YES, what can be done to accommodate your limitations?

Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_  
Name Phone #  
 \_\_\_\_\_  
Address

"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 the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

\_\_\_\_\_ Date \_\_\_\_\_ Signature