

# 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"/> Walk-in <input type="checkbox"/> Staffing Agency <input type="checkbox"/> Job Posting/ Newspaper Ad <input type="checkbox"/> Government Agency (IA Workforce Development) <input type="checkbox"/> Referred by _____ <input type="checkbox"/> Other		

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

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

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

## 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

SAMPLE

**APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER**

We consider applicants for employment without regard to race, color, religion, sex, national origin, age, or any non-job related disability. Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the individual responsible for human resources.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applications will be considered for vacancies which arise during the 60 day period following submission. Applicants should complete an updated application if not contacted and/or hired during this 60 day evaluation period.

Please complete this form carefully in your own handwriting. Replies to all questions will be held in strictest confidence. If your answers or statements require additional space, obtain supplemental sheets from the receptionist.

The company is committed to maintaining a workplace free of the problems associated with drug or alcohol abuse. As such, all applicants may be required to undergo testing as part of the pre-employment process. If you currently use illegal drugs, we suggest that you not complete the application process. A positive drug test will result in disqualification from employment or withdrawal of any employment offer.

Position sought: \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

**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

## Veteran Pre-Offer Self Identification Form

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  - 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 a person who was discharged or released from active duty because of a service-connected disability.
- A “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.
- An “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 under the law administered by the Department of Defense.
- An “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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

\_\_\_\_\_ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

\_\_\_\_\_ I AM NOT A PROTECTED VETERAN

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

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

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

---

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

SAMPLE