

EMPLOYMENT APPLICATION



PO BOX 169

CORYDON, IA 50060

PHONE: 641-872-1826

FAX: 641-872-1204

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you authorized to work in the U.S.A.		Yes No

POSTION

Position or Type of Employment Desired	Will accept: Part-Time Full-Time Temporary	Shift: Day Swing Graveyard Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Educational Development (GED) Test Passed? If no, list highest grade completed	Yes	No				
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			Yes		
	To			No		
	From			Yes		
	To			No		
	From			Yes		
	To			No		
	From			Yes		
	To			No		
Occupational License, Certificate, or Registration	Number	Where Issued		Expiration Date		
Occupational License, Certificate, or Registration	Number	Where Issued		Expiration Date		
Languages Read, Written, or Spoken Fluently Other Than English						

REFERENCES (Do not include relatives)

Name	Address, City and State	Telephone	Profession

VETERAN INFORMATION (Most Recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

TYPING/KEYBOARDING SPM: _____ 10-KEY SPM: _____

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		

		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No

BACKGROUND (Arrests and/or Convictions – do not include traffic violations)

Have you ever been convicted of any misdemeanors or felonies?	Yes No	Type	Result	Offense	Year
		Felony Misdemeanor	Expunged Convicted		

I certify the information contained in this application is true, correct, and complete, to the best of my memory. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____