

EMPLOYMENT APPLICATION



Iowa Metal Spinners, Inc.
7314 Chancellor Dr.
Cedar Falls, IA 50613

Date: _____

Please answer all the questions completely. Please print all answers. If a question does not apply, print or check N/A.

PERSONAL INFORMATION:

Name: _____ Social Security Number: ____ - ____ - ____
Last First Middle
Address: _____ Home Phone: (____) _____
Street City State Zip Code

If hired, can you furnish proof that you are over the age of 18? Yes No

Do you have the right to work in the U.S.? Yes No
(Employment is subject to verification of legal and U.S. permit requirements.)

POSITION DESIRED:

Position or type of job desired: _____ Where did you hear about us? _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Have you applied for a job at Iowa Metal Spinners previously? Yes No If yes, when _____

Have you ever worked for Iowa Metal Spinners previously? Yes No If yes, when _____
What position? _____

Wages/Salary desired \$ _____ per hour/year. Date available to begin employment: _____

WORK SCHEDULE INFORMATION:

Status	Shift Preference	Days available	Availability for Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Part-time: _____	1st: _____ 3rd: _____	Mon. _____ Wed. _____	Fri. _____ Sun. _____
Full-Time: _____	2nd: _____ Any: _____	Tues. _____ Thurs. _____	Sat. _____ Any. _____

EDUCATIONAL TRAINING:

	Name	City & State	No. of Years Attended	Subjects Studied	Degree/Diploma
High School					
Vocational/ Technical School					
College/ University					

MILITARY SERVICE:

Branch of Service: _____ Dates: _____ to _____ Rank at Discharge: _____

What types of training, education, and work experience did you receive while you were in the military?

EMPLOYMENT DATA (Begin with most recent employer)

Employer:	Employed from:	Employed to:	Starting Wage:	Final Wage:
Address:	/ /	/ /	\$ per	\$ per
City/St.	Job Title:	Hrs. worked per week:		
Phone:	Job Duties:	Reason for leaving:		
Supervisor:				

Employer:	Employed from:	Employed to:	Starting Wage:	Final Wage:
Address:	/ /	/ /	\$ per	\$ per
City/St.	Job Title:	Hrs. worked per week:		
Phone:	Job Duties:	Reason for leaving:		
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Employer:	Employed from:	Employed to:	Starting Wage:	Final Wage:
Address:	/ /	/ /	\$ per	\$ per
City/St.	Job Title:	Hrs. worked per week:		
Phone:	Job Duties:	Reason for leaving:		
Supervisor:				

If additional space is required to list all previous employment, please attach a sheet of paper.

REFERENCES:

Name:	Name:	Name:
Title/Position:	Title/Position:	Title/Position:
Organization:	Organization:	Organization:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:

ADDITIONAL QUESTIONS:

Have you been ever been convicted of a crime? () Yes () No If yes, explain:

Is there anything that would prevent you from performing the essential functions of the job? () Y () N

*Note: you will not be denied employment based solely on responding yes to either of the above questions.

AUTHORIZATION: (Read the following information carefully)

It is my understanding that Iowa Metal Spinners, Inc. will make a thorough investigation of my work history and may verify all data given in my application for employment, related papers or oral interviews and obtain additional information relating to my background. I authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to Iowa Metal Spinners, Inc. and/or its agents, with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to Iowa Metal Spinners Inc. and/or its agents.

A photocopy of this authorization is as effective as the original.

I also understand that Iowa Metal Spinners abides by the employment at will doctrine and in no way does this application, or the granting of an interview constitute an offer of employment. If I am granted employment I agree to conform to the rules and regulations of Iowa Metal Spinners. I understand that my employment and compensation can be terminated, with or without cause, with or without notice at any time, at the option of the company or myself.

I also attest that the information on this and all employment forms is true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission on this application is grounds for refusal to hire, or if hired, dismissal.

Signature: _____ Date: _____