



Notice to Applicant: This application is used to evaluate your qualifications for employment. Your training and employment experience will be used to determine whether you meet the minimum qualifications for a position and to measure your knowledge, skills, and abilities in competing for a position. Please include self-employment, volunteer experience, and any non-employment periods when completing the Employment History section. You may attach additional sheets if necessary. This application is not an employment contract. Iowa Engineered Processes, Inc. does not unlawfully discriminate in hiring or any other employment practice on the basis of age, race, color, sex, religion, national origin, disability, or any other classification protected by federal, state, or local laws. All qualified applicants will receive consideration for employment without regard to any of the above factors. We are an Equal Opportunity Employer. Post offer pre-employment drug screen required.

Job Applied For _____ **Date** _____

Referred By: Advertisement Website Walk-In WFD Office Individual _____

A. PERSONAL INFORMATION (PLEASE PRINT - Complete all applicable information.)

Name (Last, First, MI)			
Street Address		City	State Zip
Home Phone	Alternate Phone	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, birth date: ____/____/____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start employment?	
Are you available to work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Summer			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a chauffeur's / CDL license? <input type="checkbox"/> Yes <input type="checkbox"/> No		List any relatives or friends who work for us?	
Have you ever applied with our company? If so, When? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you previously been employed by our company? If so, When? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. EMPLOYMENT INFORMATION (List below last four employers, starting with the most recent one first).

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address	City	State	Zip
Duties:		Reason for Leaving	
Starting Wage	Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title	Phone Number	

B. EMPLOYMENT INFORMATION (Continued)

Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City		State	Zip
Duties:			Reason for Leaving		
Starting Wage		Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title		Phone Number	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City		State	Zip
Duties:			Reason for Leaving		
Starting Wage		Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title		Phone Number	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City		State	Zip
Duties:			Reason for Leaving		
Starting Wage		Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title		Phone Number	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City		State	Zip
Duties:			Reason for Leaving		
Starting Wage		Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title		Phone Number	

C. EDUCATION AND SKILLS SUMMARY

High School or GED	City	State	Graduated?		
			Yes	No	GED
College	City	State	Degree	Major	GPA
College	City	State	Degree	Major	GPA
Summarize special skills and qualifications gained from employment or other experience:					

D. REFERENCES (Include only individuals familiar with your work ability. Do not include relatives.)

Name	City, State	Phone #	Known ____ Years	Relationship
Name	City, State	Phone #	Known ____ Years	Relationship
Name	City, State	Phone #	Known ____ Years	Relationship

E. CERTIFICATION AND RELEASE (Please read the following statements carefully.)

I certify that, to the best of my knowledge and belief, the information provided in order to complete this application is true, complete and accurate. I understand that false statements or omissions on this application may result in rejection of my application or, if employed, may result in my discharge at any time.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give **Iowa Engineered Processes, Inc.** any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from giving this information.

I understand, if hired, that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time either by myself or by **Iowa Engineered Processes, Inc.**

I understand that under certain state or federal laws, I may be required to submit to an alcohol and/or drug test (which may or may not be a part of a post offer, pre-employment physical) as a condition of my employment. I hereby agree to submit to such an examination if required to do so by company policy and permit disclosure of results to **Iowa Engineered Processes, Inc.**

I understand, that due to the type of business, **Iowa Engineered Processes, Inc.**, performs, I may be required to travel or even move to various locations. I agree to travel or even move to various locations. I agree to travel or move when required or voluntarily terminate my employment.

I hereby affirm and declare that all the foregoing statements are true and correct and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably, and I hereby authorize **Iowa Engineered Processes, Inc.**, to conduct any investigation together with their opinions on these matters without any liability from any damage whatsoever caused either directly or indirectly by giving or receiving this information or opinions. I authorize my former and present employers and personal references to give any information that they may have concerning my character, health, and employment records. It is understood that false statements on this application may be considered as sufficient cause for rejections of this application, or dismissal, if already employed, by the company.

I understand that **Iowa Engineered Processes, Inc.**, requires a pre-employment urine sample for chemical analysis to detect the presence of illegal drug use. The drugs to be tested for: amphetamines, phencyclidine, cocaine, marijuana and opiates. The report must be "negative" to be considered for employment. A positive result will terminate this application process.

THIS APPLICATION WILL BE ON FILE FOR A PERIOD OF TWO WEEKS

Signature	Date
-----------	------