

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER (    )	REFERRED BY	DRIVERS LICENSE #	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
CURRENT OR PRIOR MILITARY SERVICE YES <input type="checkbox"/> NO <input type="checkbox"/>	RANK AND AT SCHOOL

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

# APPLICATION FOR EMPLOYMENT

CONTINUED ON OTHER SIDE

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	BUSINESS	CONTACT INFORMATION (PHONE #, ETC.)	YEARS KNOWN

**AUTHORIZATION**

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 this application shall be grounds for dismissal.

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

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I further understand that pre-employment substance abuse testing is mandatory for all prospective employees of Beisser's Inc. The cost of such testing will be paid by Beisser's Inc. Your consent to such testing is required to be considered for employment and passing the test is required to be employed by Beisser's Inc.

For prospective employees that might operate company vehicles a review of the employee's motor vehicle record may be required. This review would require the company to obtain a copy of the employee's motor vehicle record. The cost of obtaining the reports will be paid by Beisser's Inc. Your consent to the review and obtaining of your motor vehicle record is required to be considered for employment with Beisser's Inc.

I also understand that Beisser's Inc. complies with the Iowa Smokefree Air Act and as a condition of employment I must do the same if employed by Beisser's Inc.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

REMARKS – department/position hired for, whom to report to, salary/wage, characteristics, abilities, etc.


APPROVED BY:

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER