

SPECIALIZING IN NEW CONSTRUCTION - POLE SHEDS METAL & ASPHALT ROOFING - FREE ESTIMATES, INSURED

319.240.2575

Employment Application

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the company. Position applied for ______ Date of application ____/___/ Personal Information Last Name First Name Middle Social Security # Address Home Phone # City Cell Phone # State Zip Have you ever applied for employment with us before? Yes No E-mail Address If yes, Month & Year: Are you available for full-time work? Yes ☐ No Desired Pay If no, please explain: Are you legally elgibile for employment in the United States? Yes When will you be available to begin work? Have you ever been convicted of a felony? Yes ☐ No If yes, please explain: Education Type of School Name & Location of School Course of Study # Years Completed Did you Graduate? High School Trade, Business, or Technical College or University Other (explain) **Previous Work Experience** Telephone Number Company Name **Dates Employed** Address From ___/__ To ___/_ Rate of pay: hourly, weekly, other___ Supervisor Name Start \$ End \$ Reason for leaving or seeking to leave Position

Description of Primary Responsibilities

Part was a single		Company Name		Telephone Number	
in the state of th				() -	
(milesto)		Address		Employed From	
2					
_		Supervisor Name		From// To/_ Rate of pay: hourly, weekly, other	
		Supervisor Name		nate of pay. Hourry, weekly, other	
				Start \$ End \$	
		Position		Reason for leaving or seeking to leav	
		Description of Prir	mary Responsibilities		
References (Business,	/work references N	NOT related to you. If no	t applicable, list school or p	personal references NOT related to you)	
1	Name		Address	Phone Number	
2	- 			() -	
3				() -	
				() -	
Are you willing/able to wo	ork Saturdays wh	en the job requires?	☐ Yes ☐ No		
Are you willing to work ov	vertime if needed	1?	Yes No		
Driver's Informati Driver's License Number:	on		Driver's License Class	s A B C D	
State: List any endorsements on	vour license:		When does you licen	and numina?	
List diff chaofsements on	your neerise.		When does you licen	ise expire?//	
			Is your license a CDL	? Tyes No	
10			Is your license valid a	Through I formal	
Please complete as it app Name:	ears on your Dri	ver's License:			
ivame:					
First	Middle		Last		
Address					
Street	Ci	tv	State	7:-	
l authorize Yoder Construc				Zip	
X		Date/			
Signature					
F					
Equipment you are able to operate/ special training, skills, lic			enses, certificates	Years of Experience	
	57 2 - 372 2777 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
E-System II					
TOTAL					

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

By signing, I give my permission to release information concerning myself to Yoder Construction of NE Iowa LLC and release the reference giver from all liability associated with this information.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant's Signature: X	Date / /