



641-585-3630 tel hmrsupplies.com
 641-585-2525 fax 35545 Hwy 69, Forest City, IA 50436

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age or any other legally protected status.

PLEASE PRINT

| | |
|-----------------------------|----------------------|
| Position Applied for: | Date of Application: |
| How did you learn about us? | |

| | | | |
|---------------------|------------------------|-------------|----------|
| Last Name | First Name | Middle Name | |
| Address | City | State | Zip Code |
| Telephone Number(s) | Social Security Number | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If "Yes", give date Date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you lawfully permitted to work in this country? Yes No

All employees are required to complete a Form I-9 verifying the identity and employment authorization of the employee prior to beginning work.



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On what date would you be available for work?

Date_____

Are you available to work _____Full Time _____Part Time _____Temporary

Are you currently on "lay-off" status and subject to recall?

___Yes ___No

Do you currently have a valid driver's license?

___Yes ___No

Have you been convicted of a felony within the last 7 years?

___Yes ___No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____



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EDUCATION

| | High School | | | | College/ Technical School | | | | Graduate/ Professional | | | |
|---|-------------|----|----|----|---------------------------|---|---|---|------------------------|---|---|---|
| School Name & Location | | | | | | | | | | | | |
| Years Completed | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma / Degree | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities. | | | | | | | | | | | | |
| Describe any honors you have received. | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application. | | | | | | | | | | | | |
| Indicate any foreign languages you can speak, read and/ or write. | | | | | | | | | | | | |
| | FLUENT | | | | GOOD | | | | FAIR | | | |
| SPEAK | | | | | | | | | | | | |
| READ | | | | | | | | | | | | |
| WRITE | | | | | | | | | | | | |



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List professional, trade, business or civic activities and offices held.
You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

Have you ever had any job-related training in the United States military? Yes No

If "Yes" please describe _____



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REFERENCES

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

| | | | | |
|---------------------|------------|---|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary Starting Final | | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

| | | | | |
|---------------------|--|---|--|----------------|
| Employer | | Dates Employed From To | | Work Performed |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary Starting Final | | |



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|--------------------|------------|--|--|--|
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

| | | | |
|---------------------|---------------------------|--------------------------------------|----------------|
| Employer | Dates Employed From To | | Work Performed |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary Starting Final | Work Performed |
| Job Title | Supervisor | | |
| Reason for Leaving | | | |

| | | | |
|---------------------|---------------------------|--------------------------------------|----------------|
| Employer | Dates Employed From To | | Work Performed |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary Starting Final | Work Performed |
| Job Title | Supervisor | | |
| Reason for Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.



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ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED.
INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employers? Yes No If yes, please list which employer_____

Was the previous job positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No If yes, please list which employer_____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.



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APPLICATION STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this “ at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of the Company specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant

 Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Date _____

Employed _____ Date _____

Job Title _____

Hired by _____