

WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY?

NAME	ADDRESS	AREA CODE/PHONE NUMBER	
<b>EDUCATION (GRADE, HIGH &amp; TRADE/COLLEGE) DATE FROM DATE TO DEGREE/CERTIFICATES</b>			

**PREVIOUS EMPLOYMENT (LIST PRESENT OR LAST JOB FIRST)**

DATES	EMPLOYER	ADDRESS	POSITION	WAGE/RATE	REASON FOR LEAVING

"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, and I agree to hold my employer harmless in the event of my dismissal based thereon.

I authorize investigation of all statements contained herein and to do background checks to give you and all information concerning my previous employment and any pertinent information that they may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same you.

I realize that under certain provisions of Iowa law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing at any given time.

I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to physical examination if required.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without prior notice. If employment is obtained under this application, I will comply with all the rules and policies of my employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_