

APPLICATION FOR EMPLOYMENT

NOTE: This application was designed for use with several types of positions. Some questions may not be relevant to the position you are seeking, however, please answer all questions. Resumes are not accepted in lieu of completion of this application.

(Application Valid for 180 days)

 Last Name (Please Print) First Middle Social Security Number Date of Birth

 Present Address: Street City, State Zip Code Telephone Number

 Position(s) Applied For _____ Salary Desired _____ Available Start Date _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S. Yes No

Have you been convicted of any crime within the past 5 years? Yes No - If yes, give dates and explain.
 (Attach separate paper if necessary.) **A conviction will not necessarily disqualify you from employment.**

Are you over 18 years of age? Yes No

Do you have available transportation to and from work? Yes No

EDUCATIONAL DATA

| School | Print Name, Street Address, City State and Zip Code of each School | No. Of Years Completed | Degree | Major Course of Study |
|--|--|------------------------|--------|-----------------------|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Graduate School | _____ | _____ | _____ | _____ |
| Trade, Business, Night or Correspondence | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

Honors received: _____

Other skills: List any other job-related skills, qualifications, licenses, professional organizations, etc. that support your application or are applicable to the position you are seeking: _____

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? Yes No - If yes, identify names and relevant dates. _____

EMPLOYMENT EXPERIENCE

List each job you held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

| | | | |
|--------------------|--------|-------|----------------|
| EMPLOYER | DATES | | WORK PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| JOB TITLE | | | |
| SUPERVISOR | SALARY | | |
| | START | FINAL | |
| REASON FOR LEAVING | | | |

May we make inquiries of this employer? Yes No

| | | | |
|--------------------|--------|-------|----------------|
| EMPLOYER | DATES | | WORK PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| JOB TITLE | | | |
| SUPERVISOR | SALARY | | |
| | START | FINAL | |
| REASON FOR LEAVING | | | |

May we make inquiries of this employer? Yes No

| | | | |
|--------------------|--------|-------|----------------|
| EMPLOYER | DATES | | WORK PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| JOB TITLE | | | |
| SUPERVISOR | SALARY | | |
| | START | FINAL | |
| REASON FOR LEAVING | | | |

May we make inquiries of this employer? Yes No

| | | | |
|--------------------|--------|-------|----------------|
| EMPLOYER | DATES | | WORK PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| JOB TITLE | | | |
| SUPERVISOR | SALARY | | |
| | START | FINAL | |
| REASON FOR LEAVING | | | |

May we make inquiries of this employer? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

Have you ever been dismissed or forced to resign from any employment? Yes No - If yes, explain. _____

Are you currently employed? Yes No Are you laid off and subject to recall? Yes No

Will you travel if job requires it? Yes No Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No - If yes, explain: _____

What foreign languages do you speak, read or write? _____

Do you have any friends or relatives who work here? Yes No - If yes, provide Name and Relationship

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHARACTER REFERENCES

List three (3) persons, NOT RELATED TO YOU, whom you have known at least one year:

| NAME | ADDRESS | TELEPHONE | OCCUPATION |
|----------|---------|-----------|------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

How did you hear of us? _____

Have you applied here before? Yes No - If yes, give date: _____

Have you been employed here before? Yes No - If yes, give date: _____

Signature of Applicant _____

Date: _____

Email: _____

APPLICANT DRUG SCREEN ACKNOWLEDGEMENT

As a **job applicant**, I freely and voluntarily agree to a urinalysis drug screen as part of my application for employment and I understand that a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until the company receives a negative pre-employment drug test result. If I am employed by this company, I understand and agree to abide by this company's Drug Free Workplace policy, under applicable State law.

Applicant Signature

Print Name

Date

NOTICE TO APPLICANTS

We are an Equal Employment Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, sex, national origin, sexual orientation, age, disability, veteran status or religion. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

Bouma & Company, Inc. complies with the American's With Disabilities Act of 1990, as amended. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All entering employees in the same job category will be subject to the same medical questionnaire and/or examination, if required, and all information will be kept confidential and in separate files.

Applicant Signature: _____

Date: _____

Bouma & Company, Inc.

CONTRACTORS IN: STEEL—MASONRY—WOOD
1503 8TH Street SE
ORANGE CITY, IOWA 51041-7447
PH 712-737-3310 FAX 712-737-3370
boumaco@orangecitycomm.net