



IOWA OUTDOOR PRODUCTS

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

SOCIAL SECURITY NUMBER _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE # _____

ARE YOU 18 YEARS OR OLDER?

YES

NO

EMAIL ADDRESS _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.?

YES

NO

DATE OF BIRTH _____

DO YOU HAVE A VALID DRIVER'S LICENSE?

YES

NO

DRIVER'S LICENSE NUMBER _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES

NO

IF YES, EXPLAIN _____

HAVE YOU HAD ANY MOVING VEHICLE VIOLATIONS OR OWI CONVICTIONS IN THE PAST THREE (3) YEARS?

YES

NO

IF YES, PLEASE EXPLAIN _____

PLEASE NOTE THAT THE FACTS CONTAINED IN THIS SECTION MUST BE TRUE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

EMPLOYMENT DESIRED

POSITION _____

DATE YOU CAN START _____

SALARY DESIRED _____

ARE YOU EMPLOYED NOW?

IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

HAVE YOU APPLIED TO OUR COMPANY BEFORE?

IF YES, WHEN?

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED*	DID YOU GRADUATE*	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

* The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

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EMPLOYMENT APPLICATION**



WORK RELATED EXPERIENCE

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

DATES		NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER	SALARY	POSITION
FROM					
TO					
REASON FOR LEAVING:					
FROM					
TO					
REASON FOR LEAVING:					
FROM					
TO					
REASON FOR LEAVING:					

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

	NAME	PHONE NUMBER	RELATIONSHIP	YEARS AQUAINTED
1				
2				
3				

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO IF YES, PLEASE DESCRIBE WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION.

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NUMBER

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

INTERVIEWED BY: _____ DATE: _____

HIRED (YES/NO): _____ POSITION: _____

SALARY/WAGE: _____ START DATE: _____

OTHER NOTES: _____