



Asphalt and Pavement Maintenance

Illowa Investment, Inc. is an Equal Opportunity & Affirmative Action Employer

(Print neatly and complete all blanks)

Date: _____

PERSONAL

Full Name: _____
First MI Last

Current Address: _____
Number Street City State Zip

Telephone Number: _____ Social Security Number: _____

Are you 18 years of age or older? Yes [] No []
Are you legally able to work in the United States? Yes [] No []
Are you a military Veteran? Yes [] No []
If Yes, Dates of Active Duty: From: _____ To: _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes [] No []

EMPLOYMENT DESIRED

Job Title: _____ Date You Can Start: _____

Are you available for work: Full-Time [] Part-Time [] Seasonal []
Are you on lay-off and subject to recall? Yes [] No []
Can you travel if the job requires it? Yes [] No []
Would you accept employment: Out of Town? [] Statewide? [] Unaccompanied by Family? []

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? Yes [] No []
If Yes, please specify the type of license: Operating License [] Commercial Drivers License []
License Number: _____ Expiration Date: _____ State of Issue: _____

Have you had a motor vehicle accident or moving violation in the past 3 years? Yes [] No []
If Yes, please explain: _____

What types and makes/models of construction equipment can you operate or repair? _____

List any craft training programs in which you have participated: _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Table with 3 columns: Name, Address/Phone, Years Known/Relationship. Rows 1 and 2.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience: _____

Do you have your own craft tools, clothing, and other equipment? Yes [] No []
Have you attended High School, Vocation/Technical School, or College? Yes [] No []

If Yes, please specify: _____

Your training and employment will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in competing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

EMPLOYMENT HISTORY

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____ Hours Per Week _____

Supervisors Title: _____ May we contact him/her? Yes No

Detailed Job Duties: _____

Reason For Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____ Hours Per Week _____

Supervisors Title: _____ May we contact him/her? Yes No

Detailed Job Duties: _____

Reason For Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____ Hours Per Week _____

Supervisors Title: _____ May we contact him/her? Yes No

Detailed Job Duties: _____

Reason For Leaving: _____

You may describe additional work experience or add more detail on a separate sheet of paper. Use the same format as used here.

Federal and state law prohibit discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veterans status.

CERTIFICATION & RELEASE

I certify that the information contained in this application are true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements of policies to the contrary.

I realize that under certain provisions of Iowa law, I may be required to submit to a post offer pre-employment physical (which will include a drug test) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of the results to the company.

Signature: _____ Date: _____