

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

NAME (Last, First, Middle)

SOC. SEC. NO.

ADDRESS

PHONE NO.

POSITION DESIRED

Full-time

Part-time

Tempory_____

HAVE YOU WORKED FOR THIS COMPANY
BEFORE?

Yes_____

No_____

IF YOU ARE A MINOR UNDER AGE 18, DO YOU
HAVE A CERTIFICATE OF AGE OR
EMPLOYMENT?

Yes_____

No_____

EDUCATION

	NAME AND ADDRESS OF SCHOOL	MAJOR	DEGREE/ DIPLOMA
High School	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Trade, business other	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards and special accomplishments.

EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Salary: _____

(first) (last)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Salary: _____

(first) (last)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Salary: _____

(first) (last)

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes_____ No_____

REFERENCES: (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

Name/Title	Address & Phone No.	Occupation
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR NOT HIRING ME.

DATE_____ SIGNATURE_____

Please fax this application to: 641-648-2445

OR

Mail to: Jeff Smid Auto, Inc.
PO Box 336
Iowa Falls, IA 50126