

IRONTITE
2525 18th Street, SW Suite D
Cedar Rapids, Iowa 52404
APPLICATION FOR EMPLOYMENT

(Please Print)

Date _____

NAME _____

SOC. SEC. # _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (_____) _____ EMAIL ADDRESS _____

HOW WERE YOU REFERRED TO US? _____

TYPE OF WORK DESIRED: _____

EARNINGS EXPECTED \$ _____ PER HOUR _____ PER MONTH _____ (Check One)

WHAT EXPERIENCE OR SKILLS QUALIFY YOU FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING?

EDUCATIONAL DATA:

SCHOOLS	NAME & LOCATION OF SCHOOL	# YEARS	GRADUATED?	DEGREE RECEIVED
		ATTENDED		
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TRADE, BUSINESS, NIGHT, CORRESPONDENCE				
OTHER				

GENERAL INFORMATION:

If you are under 18, can you furnish a work permit? ____ yes ____ no

Please include any other information you think would be helpful to us in considering you for employment, such as articles/books published, organizations you belong to, activities, hobbies, accomplishments, etc.
(Exclude information indicative of age, race, religion, color, national origin, and disability.)

AN EQUAL OPPORTUNITY EMPLOYER
(OVER)

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EMPLOYMENT HISTORY:

Employer _____	Employed From _____ (mo/yr) to _____ (mo/yr)
Address _____	Supervisor _____
Telephone _____	Your job title _____
Salary/Wage Start _____ End _____	Reason for leaving _____
Responsibilities/Tasks: _____	

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AGREEMENT:

I hereby affirm that the information provided on this application, resume and all other attachments are true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I authorize persons, schools, employers and organizations named in this application to provide the Company with any relevant information that may be required to arrive at an employment decision.

I agree to conform to the Company's policies, procedures and instructions. I also agree to conform to the Company's requirements concerning physical fitness and to permit medical examination (including drug testing) by the Company's physician upon request.

I understand that I have the right to resign from the Company at any time for any reason or no reason. By the same token, I understand the Company may terminate my employment at any time with or without cause for any reason not prohibited by law.

SIGNED _____

DATE _____