



712/338-2661

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& Docking*

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE:

SOCIAL SECURITY NUMBER:

NAME:

STREET

CITY

STATE

ZIP

ADDRESS:

STREET

CITY

STATE

ZIP

PHONE NUMBER

ARE YOU 18 YEARS OR OLDER?

YES

NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES

NO

EMPLOYMENT DESIRED

POSITION:

DATE AVAILABLE TO START
WORKING

SALARY
DESIRED

ARE YOU
EMPLOYED NOW?

YES

NO

IF SO, MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER?

YES

NO

EVER APPLIED TO THIS COMPANY BEFORE?

YES

NO

WHEN?

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH:

SPECIAL SKILLS:

ACTIVITIES: (CIVIC/ATHLETIC/ETC)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATED THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS

PREVIOUS MILITARY OR NAVAL SERVICE:		RANK:		PRESENT MEMBERSHIP IN NATIONAL GUARD / RESERVES	
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FORMER EMPLOYERS (LIST BELOW 3 EMPLOYERS, STARTING WITH LAST ONE FIRST)

	DATE MM/DD/YR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY:

	NAME	ADDRESS	PHONE NUMBER

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY

EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT CAN BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OUR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPNAY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE:

SIGNATURE: