



Oak Street Manufacturing
 PO Box 80
 509 East Oak Street
 Monticello, Iowa 52310

Application for Employment

Equal Opportunity Employer

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accomodation to the application and/or interview process should notify a representative of the Human Resources Department. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Position Sought: _____ Date: _____

How did you learn of the position: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: _____ Social Security # _____

Date Available for Work: _____ Type of Work Desired: Full-Time Part-Time
 Temporary Seasonal

If you are under 18, and it is required, can you furnish a work permit? Yes No

Are you legally eligible for employment in this country? Yes No

Have you been convicted of a crime in the last 7 years? Yes No

If yes, please explain: _____

Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Are you fluent in any foreign languages? Yes No

Please list any technical or computer skills you possess: _____

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Education				
School Name	Location	Years	Degree	Major

Employment History

Provide the following information for your past four (4) employers, assignments, or volunteer activities starting with the most recent.

From:	To:	Employer:	Phone:
Job Title:		Address:	
Immediate Supervisor & Title:		Summarize the nature of the work & job responsibilities:	
Reason for leaving:		Hourly rate:	

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From:	To:	Employer:	Phone:
Job Title:		Address:	
Immediate Supervisor & Title:		Summarize the nature of the work & job responsibilities:	
Reason for leaving:		Hourly rate:	

References:

Name	Telephone	Years Known

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organization for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days, at the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Signature of Applicant

Date