



# APPLICATION FOR EMPLOYMENT

Phone: 641-792-8650

Fax: 641-792-7088

Email: [jasper@jasperco.com](mailto:jasper@jasperco.com)

**NOTE TO THE APPLICANT:** This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, gender, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which may include a drug test) may be required.

Job Applied for \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

STREET

APT#

CITY

STATE

ZIP

Telephone number(s) where you can be contacted \_\_\_\_\_

Are you at least 18 years of age?  YES  NO Child labor laws prohibit employment of individuals under the age of 18 in certain occupations considered to be hazardous.

Are you eligible for employment in the United States?  YES  NO

Do you speak, read, or write fluently in any language other than English?  YES  NO

If YES, describe ability and list language(s) \_\_\_\_\_

Who referred you? \_\_\_\_\_

## CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

On what date would you be available for work? \_\_\_\_\_

You are interested in:  Full time  Part time  Summer only  Temporary

Have you worked for this company before?  YES  NO

Dates of previous employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Can you travel if a job requires it?  YES  NO You would accept employment:  Out-of-town  Statewide

Do you have a valid driver's license?  YES  NO

If YES, please specify the type of license:  Driver's license  Commercial CDL license

List the following: License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of issue \_\_\_\_\_

Have you had a motor vehicle accident or moving violation in the past three years?  YES  NO

If YES, Please explain \_\_\_\_\_

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

---

---

List any craft training programs in which you have participated

---

---

## EMPLOYMENT

Your training and employment experience 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 your responsibilities and achievements in your job and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

List your three most recent positions held, starting with the most recent employer first.

Dates	Employer	Address	Job Held/Duties	Wage/Rate	Reason for Leaving

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences.

---

---

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 \_\_\_\_\_

## CERTIFICATION & RELEASE

I certify that the information contained in this application is 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 statement 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 or 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 could include a drug test) as a condition of my employment. I hereby agree to submit such an examination if required so by company policy and permit disclosure of the results to the company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This company does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, gender, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.*

**AN EQUAL EMPLOYMENT  
OPPORTUNITY EMPLOYER**



# Voluntary Survey

Jasper Construction Services, Inc. is required by state and federal laws to furnish statistical data and to maintain record of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Jasper Construction Services, Inc., it will not be used as employment criteria. Jasper Construction Services, Inc. is an equal employment opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

**Referral Source:** How did you learn of this position?

\_\_\_\_\_ Advertisement List paper \_\_\_\_\_

\_\_\_\_\_ Friend

\_\_\_\_\_ Relative

\_\_\_\_\_ Walk-In

\_\_\_\_\_ Employment Agency List name \_\_\_\_\_

\_\_\_\_\_ Other List source \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Date of Birth:** \_\_\_\_\_

**Ethnic Origin:** \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Other

**Check any of the following that are applicable:**

\_\_\_\_\_ Vietnam Era Vet \_\_\_\_\_ Disabled Vet \_\_\_\_\_ Disabled Individual