

# APPLICATION FOR EMPLOYMENT

Mueske Electric  
 PO Box 286  
 Spirit Lake, IA 51360

\_\_\_\_\_ Date Applied

\_\_\_\_\_ Date Interviewed

Prospective employee will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL	Last Name _____ First _____ Middle _____		Date _____
	Street Address _____		Home Telephone ( ) _____
	City, State, Zip _____		Cell Phone ( ) _____
	Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month and Year _____		Social Security # - - -
	Position Desired _____		Pay Expected _____/Hour
	Are you available for full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work? _____		Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you legally eligible for employment in the United States?		DATE of BIRTH _____
	Other special training or skills you would like to mention. _____ _____		

EDUCATION	School	Name and Location of School	Course of Study	No of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate					
	College					
	Business/Trade/Technical					
	High School					
	Elementary					

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)	

MILITARY	Did you serve in the U.S. Armed Forces?	Circle one		If "Yes," in what Branch?
		Yes	No	
Describe any training relevant to the position for which you are applying?				

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with you present or most recent employer

1	Company Name	Telephone (      )
	Address	Employed - (State month and year)
	Name of Supervisor	From                      To
	State Job Title and Describe Your Work	Weekly pay Start                      Last
		Reason for leaving

2	Company Name	Telephone (      )
	Address	Employed - (State month and year)
	Name of Supervisor	From                      To
	State Job Title and Describe Your Work	Weekly pay Start                      Last
		Reason for leaving

3	Company Name	Telephone (      )
	Address	Employed - (State month and year)
	Name of Supervisor	From                      To
	State Job Title and Describe Your Work	Weekly pay Start                      Last
		Reason for leaving

4	Company Name	Telephone (      )
	Address	Employed - (State month and year)
	Name of Supervisor	From                      To
	State Job Title and Describe Your Work	Weekly pay Start                      Last
		Reason for leaving

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	Do <u>Not</u> Contact:	
	Employer Number(s)	Reason



DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS BLACKENED.

If the employer has blackened the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

<input checked="" type="checkbox"/>	Provide dates you attended school:	Elementary From: _____ To: _____	<input checked="" type="checkbox"/> Number of dependents, including yourself.
<input checked="" type="checkbox"/>	High School From _____ To _____	From _____ To _____	<input type="checkbox"/> Are you a Veteran?
<input checked="" type="checkbox"/>	Other (give name and dates)		<input checked="" type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input checked="" type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Date of Marriage
<input checked="" type="checkbox"/>	What was your previous address?		<input checked="" type="checkbox"/> Are you a U.S. Citizen?
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> How long have you lived at present address? _____ Years
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> How long were at your previous address? _____ Years
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?		<input type="checkbox"/> Are you over 18 years of age? If not, employment if subject to verification of age.
<input checked="" type="checkbox"/>	Have you been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.		
<input type="checkbox"/>	State names of relatives and friends working for us, other than your spouse.		
<input checked="" type="checkbox"/>	Do you have a valid drivers license?		
<input type="checkbox"/>			

S  
I  
G  
N  
A  
T  
U  
R  
E

The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future. We reserve the right for pre-employment and random drug testing.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE