

# Application for Employment



## APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone (Mobile): \_\_\_\_\_ Phone (Alternate): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Preferred Contact Method:  Call  Text  Email  
Date of Application: \_\_\_\_\_

## EMPLOYMENT POSITION

Position(s) applying for: \_\_\_\_\_  
How did you hear about the position(s)? \_\_\_\_\_  
If hired, list date available to start work: \_\_\_\_\_

## PERSONAL INFORMATION

Are you a U.S. Citizen or approved to work in the United States?  YES  NO  
(As applies, must be able to present documents for proof of citizenship or legal status)

## JOB SKILLS / QUALIFICATIONS

List below the skills and qualifications you possess for the position in which you are applying.

Iowa West Field House complies with ADA and considered reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions.

## EDUCATION & TRAINING

### High School

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Diploma Earned:  YES  NO

### College / University

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

### Vocational School / Specialized Training

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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## MILITARY

Are you a member of the Armed Services?  Yes  No

If yes, what branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

## PREVIOUS EMPLOYMENT *(Starting with current and/or most recent)*

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact this employer?  Yes  No

Dates Employed *(From/To)*: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact this employer?  Yes  No

Dates Employed *(From/To)*: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact this employer?  Yes  No

Dates Employed *(From/To)*: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## AT-WILL EMPLOYMENT

The relationship between employee and employer is referred to as "employment at will." This means that should you be hired with this employer, your employment can be terminated at any time for any reason, with or without cause, with or without notice. This is also true of the employee should you choose to terminate employment with the employer and within the same "at-will" guidelines as the employer.

No representative has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at-will," and you acknowledge that no oral or written statements or representations regarding your employment can alter your at will employment status, except for a written statement signed by you and the designated/ appointed staff member of the company (i.e. President, Owner, ext.).

By my signature below, I hereby confirm that all information provided is true, given to the best of my knowledge, and agree to its contents, including At-Will Employment.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_