



Employment Application

Please Note: It is important that you complete all sections of this application. If your application is incomplete or does not clearly show the experience and/or training required, your application **WILL NOT** be accepted. If you have no information to enter in a section, please write **N/A**.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Job Type

Position Applied for: _____

Date Available: _____ Can you work nights? _____ Hours a week you can work: _____

Days and hours available to work:

Open Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am seeking:	Full-Time	Part-Time	Temporary

Additional Information

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

If the position you apply for requires a driver license, do you have a satisfactory driving record/valid driver license? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you a member of a Federally recognized Tribe/Alaskan Native? YES NO Tribal Affiliation: _____
Circle One: Enrolled or Descendant

Education

High School: _____ City/State: _____

Did you graduate? YES NO
 Diploma: _____

College: _____ City/State: _____

Did you graduate? YES NO
 Degree: _____

Other: _____ City/State: _____

Did you graduate? YES NO
 Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Work Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. I also understand that by signing this document I consent to a pre-employment background screening. Meskwaki, Inc. and subsidiaries is an at-will employer. I understand and agree that, if hired, my employment can be terminated with or without cause and with or without notice at any time at the option of either me or the company.

Applicant
Signature: _____ Date: _____

Parent
Signature: _____ Date: _____

Parent signature is required for applicants under 18 years of age.



Meskwaki, Inc.

1496 Highway 30
Tama, IA 52339

AUTHORIZATION FOR RELEASE OF INFORMATION

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **MESKWAKI, INC.** and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for employment with **MESKWAKI, INC.** I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of **MESKWAKI, INC.** and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

_____ APPLICANT'S LAST NAME, FIRST NAME, & MIDDLE NAME (PLEASE PRINT)	_____ OTHER LAST NAMES USED
_____ DATE OF BIRTH (MM/DD/YYYY)	_____ SOCIAL SECURITY NUMBER
_____ ADDRESS	_____ LENGTH OF TIME AT ADDRESS (MONTH/ YEARS)
_____ IF LESS THAN 3 YEARS AT PRESENT ADDRESS, LIST PREVIOUS ADDRESS	_____ DRIVER'S LICENSE NUMBER STATE
_____ APPLICANT'S SIGNATURE	_____ DATE
_____ PARENT SIGNATURE REQUIRED FOR MINOR APPLICANTS	_____ DATE



MESKWAKI INC.

BACKGROUND CHECK AUTHORIZATION

APPLICANT'S FULL NAME (PLEASE PRINT)

OTHER LAST NAMES USED (IF APPLICABLE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

ADDRESS

LENGTH OF TIME AT ADDRESS (MM/YYYY)

ADDRESS

IF LESS THAN 3 YEARS, PREVIOUS ADDRESS

I hereby authorize Meskwaki, Inc. and its designated representatives to conduct a comprehensive review of my background for employment purposes. I understand that the scope of the background check may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history, education background, character references, civil and criminal history records from any criminal justice agency in any of all federal, state, county, tribal jurisdictions, driving records, and any other public records. The information contained in this authorization form is correct to the best of my knowledge.

Signature: _____

Date: _____