



## 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

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## 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.

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