



6678 N.W. 62nd Avenue, P.O. Box 347, Johnston, IA 50131
Telephone (515) 276-6162 • Fax (515) 276-3053



APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Job Applied For _____ Date _____

A. PERSONAL INFORMATION

Name _____ Social Security # _____

Address _____
STREET APT. # CITY STATE ZIP

Telephone Number where you can be contacted _____

Are you at least 18 years of age? YES NO

What is your military status? _____

Are you prevented from becoming employed because of visa or immigration status? YES NO

(If NO, be prepared to provide proof of citizenship or legal residence and work permit to interviewer.)

Will you be able to perform the essential functions of the position for which you have applied? YES NO

If NO, what accommodation to this condition would make it possible for you to do this job? _____

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

If YES, describe ability and list language(s) _____

B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

On what date would you be available for work? _____

Are you available to work: FULL TIME PART TIME SHIFT TEMPORARY

Are you on a layoff and subject to recall? YES NO

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? YES NO

If YES, please specify the type of license: OPERATORS LICENSE COMMERCIAL DRIVERS LICENSE

List the following: License Number _____ Expiration Date _____

Have you had a motor vehicle accident or a moving violation in the past 3 years? YES NO

If YES, please explain _____

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

List any craft training programs in which you have participated _____

(OVER)

LIST PREVIOUS EMPLOYMENT (LIST PRESENT OR LAST JOB FIRST)

DATES	EMPLOYER	ADDRESS	JOB HELD/DUTIES	WAGE/RATE	REASON FOR LEAVING

C. SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience _____

Do you have your own craft tools, clothing and other equipment? YES NO

Would you accept employment Out of town? Statewide? Unaccompanied By Family?

Have you attended High School, Vocation/Technical School or College? YES NO

If YES, please specify _____

D. GENERAL

Who should be notified in case of emergency?

NAME ADDRESS AREA CODE/PHONE NUMBER

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal, and I agree to hold my employer harmless in the event of my dismissal based thereon.

I authorize investigation of all statements contained herein and to do background checks to give you and all information concerning my previous employment and any pertinent information they may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that all successful applicants will be required to take a pre-employment drug screening. I also acknowledge that should the drug screen test positive, my employment will be terminated immediately.

I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to physical examination if required.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without prior notice. If employment is obtained under this application, I will comply with all the rules and policies of my employer."

Signature _____ Date _____

(Note: This application will be current for 6 months.)

Prepared By: AGC Of Iowa #05-04-01-92

This employer does not discriminate in hiring or employment on the basis of age, race, color, sex, religion, national origin or handicap.



AFFIRMATIVE ACTION VOLUNTARY SURVEY

United Contractors, Inc. is required by state and federal laws to furnish statistical data and to maintain records 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 United Contractors, Inc., it will not be used as employment criteria. United Contractors, Inc. is an equal opportunity employer, supporting diversity in the workplace.

Thank you for your voluntary cooperation in completing this form.

Name (please print) _____

Address _____

Phone Number _____ Date _____

Position applied for _____

REFERRAL SOURCE (how did you learn of this position?):

_____ Advertisement (list newspaper) _____

_____ Employee/Friend/Relative (list their name) _____

_____ Walk-on

_____ Employment Agency (list name) _____

_____ Other (list source) _____

RACE (please check one):

_____ American Indian _____ Black _____ Hispanic

_____ Asian/Pacific Islander _____ Caucasion _____ Other

SEX (please check one):

_____ Male _____ Female

Veterans/U.S. Military status (please check those applicable):

_____ Non-Veteran _____ Pre-Vietnam Veteran

_____ Disability incurred during _____ Vietnam Era Veteran (08/05/64-05/07/75)

 military service _____ Post Vietnam Veteran

PHYSICAL CONDITION:

Do you have any disabilities that may affect your performance of the duties for which you have applied?

_____ No

_____ Yes (please list below any accomodations we could provide)

