

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 <i>(Exclude those which may disclose your race, color, religion or national origin)</i>	

MILITARY	Did you serve in the U.S. Armed Forces?	Circle one Yes No	If "Yes," in what Branch?
	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) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

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

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

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

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

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"/>	How long have you lived at present address? _____ Years		<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"/>			

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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