



798 Cedar Cross Rd.

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www.allseasonshc.com

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name		First	Middle	Date
	Street Address				Home Telephone ()
	City, State, Zip				Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				Social Security #
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?				When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)				

EDUCATION	School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade or Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most current employer.

1	Company Name	Telephone ()
	Address	Employed - (Start 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 - (Start 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 - (Start 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 - (Start 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 NOT CONTACT
	Employer Numbers (s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying. _____ _____	

FOR EMPLOYERS USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments	
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SELECTFORM, INC. believes that the information solicited from the applicant which lies outside the special section on page 3 is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in the "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked 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 deiscrimination based upon ancestry, marital status and sexual preference.

<input type="checkbox"/>	Provide dates you attended school:	Elementary	Number of dependents, including yourself
	From _____ To _____	From _____ To _____	<input type="checkbox"/>
	High School	College	Are you a Vietnam veteran?
	From _____ To _____	From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (give name and dates)		Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	Marital Status		Date of Marriage
	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/>
	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	Are you a U.S. Citizen?
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	What was your previous address?		How long at present address?
			<input type="checkbox"/> _____ Years
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," with what employers?		<input type="checkbox"/> If not, employment is subject to verification of age.
<input type="checkbox"/>	Have you ever been convicted of a crime in the past ten years, 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"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
S I G N A T U R E	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.		
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.		
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.		
	_____	_____	
	Date	Signature	