



PEOSTA WAREHOUSING APPLICATION FOR EMPLOYMENT

TO ALL APPLICANTS: Please complete this form in detail. The law prohibits discrimination based on age, sex, religion, race, color, marital or veteran status, national origin and disability.

PERSONAL:

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Business Phone: _____ Soc Sec # _____

E-mail: _____

Position Desired: _____ Pay Expected: _____

Have you worked for Mi-T-M Corporation/Peosta Warehousing Logistics before? Yes No

Dates of employment? _____ Rate of pay: _____ Position: _____

Reason for leaving: _____

Have you filed an application with us before? _____ If so, when: _____ Referred by: _____

Are you available to work: Full time Part time Shift work Temporary Temporary Date Available: _____

Are you a citizen of the U.S. or otherwise lawfully authorized to work in the U.S.? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Are you over the age of 18? Yes No May we contact your present employer? Yes No

EDUCATION:

High School (name and location)	Diploma or Equivalency
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Undergraduate/Graduate/Technical (name of school and location)	Years Completed	Major Subject	Graduated	Degree
			Y N	
			Y N	
			Y N	

Describe any specialized training, apprenticeship, certification and/or skills: _____

List Professional/Civic Organizations that you are associated with that pertain to the position applied for: _____

Describe any job-related training received in the United States military: _____

EMPLOYMENT HISTORY: Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Date (MO/YR)	Name/Address of Employer	Supervisor's Name & Title	Salary	Position Title/Duties	Reason for Leaving
From					
To					
From					
To					
From					
To					

REFERENCES: (List references we may contact who are qualified to evaluate your work abilities.)

Name	Address & Phone Number	Relationship	Company Name & Phone Number
1.			
2.			
3.			

Have you 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? Yes No If Yes, describe in full _____

APPLICANT ACKNOWLEDGMENT AND AGREEMENT: You must read the following statements and agreements and by signing your name, you acknowledge that you have read, understand, and agree to all statements.

I certify that this application was completed by me and that all entries on it and information in it are true and complete to be the best of my knowledge. I authorize investigation of all statements made in this application. I understand and agree that any misrepresentation or omission of fact for any information requested is cause for dismissal regardless of when it is discovered.

I understand that PEOSTA WAREHOUSING is committed to a drug-free work place and that the company may require me to undergo a pre-employment drug screening. Satisfactory test results will be a condition for employment.

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.

Applicant's Signature

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As required, we comply with government regulations including Affirmative Actions obligations where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and **are not** a part of your Application for Employment or personnel file. **Please note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.**

VOLUNTARY SURVEY

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security Number		

Complete the sections below

Current Job			
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Check One:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
Check if any of the following are applicable:	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Individual