



3689 460th St.  
 Orange City, IA 51041  
 ph: 712.737.2958  
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# EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Starting Salary Desired: \$ \_\_\_\_\_

Have you ever worked for us? Yes No If so, when? \_\_\_\_\_

Are you at least 18 years of age? Yes No Are you available to work: Full Time Part Time

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 Yes No (Proof of citizenship or immigration status will be required upon employment.)

## Referral Source

Advertisement Friend/Relative Walk-In Employment Agency Other

## EMPLOYMENT EXPERIENCE

List last 3 employers, starting with the most recent.

Company Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_ May we contact this employer? Yes No  
 Job Duties: \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_ May we contact this employer? Yes No  
 Job Duties: \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_ May we contact this employer? Yes No  
 Job Duties: \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY EXPERIENCE**

Please describe any job related training received in the United States Military: \_\_\_\_\_

**EDUCATION**

	NAME & ADDRESS OF SCHOOL	MAJOR	GPA	DIPLOMA/DEGREE
High School				<input type="checkbox"/> No If "no", GED? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes
Undergraduate School				<input type="checkbox"/> No If "no", # Yrs. Completed? _____ <input type="checkbox"/> Yes Degree Held _____
Graduate School				<input type="checkbox"/> No If "no", # Yrs. Completed? _____ <input type="checkbox"/> Yes Degree Held _____
Other (Specify)				<input type="checkbox"/> No If "no", # Yrs. Completed? _____ <input type="checkbox"/> Yes Degree Held _____

**REFERENCES**

Please indicate 3 professional references for us to contact.

Name: \_\_\_\_\_ Company: \_\_\_\_\_ How Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ How Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ How Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Certification & Release**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. Further, in consideration of my employment by Van Beek Natural Science LLC or its successors in business or assigns (here-in-after called the Company) and in consideration of the salary, commission, or wages to be paid to me during the continuance of such employment, I agree as follows:

- a) I will comply with all rules & regulations prescribed, written or oral, pertaining to requirements for employment.
- b) I will submit to Physical Review, when requested to determine my physical fitness to meet the essential functions of the job with accommodations, if requested for which I am applying.
- c) I will permit the making of Portriat Photographs and other records for purpose of identification.
- d) I also agree that if I am employed by the Company a full transcript of my records as an employee, information as to my character, habits, and ability, also the cause for my termination may be given to any person with whom I may hereafter seek employment. I hereby release the Company from any and all liability or damages of whatever nature on account of furnishing such information.
- e) All records pertaining to my employment are to remain the property of the Company.
- f) I understand that as a part of Company procedure for processing my application, an investigative report may be made whereby information is obtained through personal interview with third parties, such as family members, business associates, financial sources, friends, and others with whom I am acquainted. I understand that this inquiry includes information concerning character, general reputation, personal characteristics, and mode of living, which ever may be applicable. I understand that under Public Law 91-508 I have the right to make written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- g) I understand that as a part of the pre-employment process and in accordance with the Fair Credit Reporting Act of 1997, an investigative report may be requested from an outside reporting agency. I also understand that if employment is terminated as a result of this investigative report that I have right to the name and address of the reporting agency.
- h) I agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time at the option of either the Company or myself.
- i) Further I understand that this agreement can only be modified by the Company President and only in writing.

Note: Application not valid unless signed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_