

EQUAL OPPORTUNITY EMPLOYER



# APPLICATION FOR EMPLOYMENT

Clean Air Filter // Quality Tested. Performance Proven.

2203 HWY 59 Po Box 212 Defiance, IA 51527  
712 748 3642 cleanairfilter.com

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

## Personal Information

Name (Last name first)		Social Security No.	
Present Address	City	State	Zip
Phone			

## Desired Employment

Position	Date you can start	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, When	
Name and relationship of any relatives in our employ		

## Education

School Level	Name and Location of School	Graduate		Major Subjects	# years attended	GPA
		Yes	No			
Grammar School						
High School						
College						
Trade, Business or Correspondence School						

## General

Subjects of Special Study or Research Work
Special Training
Special Skills
Activities (Civic, Athletic, etc.) <small>(Exclude organizations, the name or character of which indicates the race, creed sex, marital status, age, color, or national origin of its members)</small>

**Former Employers:**

List your last four employers, starting with the present or most recent

Name of present or last employer			Phone	
Address		City	State	Zip
Starting date	Leaving date		Job Title	
Starting salary	Ending salary		May we contact your supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:				
Description of work				
Reason for leaving				

Name of previous employer			Phone	
Address		City	State	Zip
Starting date	Leaving date		Job Title	
Starting salary	Ending salary		May we contact your supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:				
Description of work				
Reason for leaving				

Name of previous employer			Phone	
Address		City	State	Zip
Starting date	Leaving date		Job Title	
Starting salary	Ending salary		May we contact your supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:				
Description of work				
Reason for leaving				

Name of previous employer			Phone	
Address		City	State	Zip
Starting date	Leaving date		Job Title	
Starting salary	Ending salary		May we contact your supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:				
Description of work				
Reason for leaving				

**References:**

Give the names of three persons not related to you, whom you have known at least one year

	Name	Address	Business	Years Aquainted
1				
2				
3				

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

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 SIGNATURE