A to Z Drying, Inc.

1000 Wallace Road, P.O. Box 180, Osage, IA 50461-0180
Phone (641)732-5805 Fax (641)732-4619

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

"All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative."

PERSONAL (PLEASE PRINT PLAINLY, * is required)

Date*_____

Name*_____
Last First Middle

Telephone No.*_____

Address*_____
No. Street City State Zip

Email Address*_____

Are you legally eligible for employment in the U.S.A.?* Yes__ No__ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen?* Yes__ No__ If no, hire is subject to verification that you are of minimumlegal age.

Position(s) applied for*_____

Were you previously employed by us?* Yes__ No__ If yes, when?_____

If your application is considered favorably, on what date will you be available for work?* _____

How did you hear about this position?

Radio ___ Newspaper ___ Social Media ___ Mail ___ Employee Referral ___ Other _____

Are there any other job-related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

_____

_____

_____

_____

(Turn to next page)

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

I

Name and Address of Company and Type of Business*	From*		To*		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving*	Name of Supervisor*
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

II

Name and Address of Company and Type of Business*	From		To*		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

III

Name and Address of Company and Type of Business*	From*		To*		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving*	Name of Supervisor*
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

IV

Name and Address of Company and Type of Business*	From*		To*		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving*	Name of Supervisor*
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below:

Employer I? Yes____ No____ **Employer II?** Yes ____ No ____ **Employer III?** Yes ____ No ____ **Employer IV?** Yes ____ No ____

May we telephone you to follow up on this application at home? Yes__ No__

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes__ No__

If yes, what is the best lime to call? _____

What is your business telephone number? _____

(Turn to next page)

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
Elementary			5	6	7	8	☐ Yes ☐ No	
High			1	2	3	4	☐ Yes ☐ No	
College			1	2	3	4	☐ Yes ☐ No	
Other (Specify)			1	2	3	4	☐ Yes ☐ No	

PERSONAL REFERENCES* (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Were you personally referred by a current A to Z Drying Employee? Yes ___ No___

If yes, list the name of the employee who referred you: _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

_____

(Signature of Applicant) (Date)