



1751 Hwy 30 East
Carroll, IA 51401
(712)792-3503

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age, or any other basis protected by federal, state, or local law. This employment application is only active for 90 days. After this time period a separate employment application must be submitted in order to be considered for employment. **PLEASE BE SURE TO COMPLETE ALL FIVE PAGES.**

PLEASE PRINT CLEARLY

Date _____

PERSONAL

First Name _____ Middle _____ Last: _____

Street Address _____

City/State/Zip _____

Phone (_____) _____ Social Security No. _____

How did you find out about this job? Newspaper Referral Other _____

If hired, do you have a reliable means of transportation to get to work? Yes No

Minimum salary expected: _____

Are you legally eligible for employment in the U.S.? Yes No
(Proof of U.S. citizenship or immigration status will be required if hired.)

Have you been convicted of a felony in the last seven years? Yes No
(Note: A conviction record will not necessarily be a ban to employment. Factors such as age and time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.)

If you answered yes, please explain _____

EMPLOYMENT DATA

Are you seeking: Temporary (Summer) Full-time Part-time

What Position(s) are you applying for? _____

If you are applying for a driving position please indicate what type of license you currently have. _____

What hours and shift(s) would you prefer to work? _____

Please indicate any shift(s) you would not be available to work. _____

Are you willing to work overtime? Yes No

Are you willing to relocate, if necessary, for the position applied for? Yes No

Are you currently employed? Yes No If hired, when would you be able to start? _____

Have you ever applied at Farner-Bocken before? Yes No If yes, date? _____

Have you ever interviewed at Farner-Bocken before? Yes No If yes, date? _____

With whom? _____

Have you ever worked for Farner-Bocken before? Yes No If yes, name used? _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please describe _____

How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave? _____

How many days have you been late to school or work within the last year other than approved vacation, sick, or disability leave? _____

Please describe? _____

EDUCATION (Circle highest level attained.)

Elementary 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

Secondary 9 10 11 12 G.E.D

Name of School: _____

Location of School: _____

College 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

Degree & Major: _____

WORK HISTORY

(Please list your last four employers unless noted below. Begin with the most recent. Add another sheet if necessary.)

Please complete this section, even if you are submitting a resume.

Driver applicants please note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

1) Company _____
Address _____
City/State/Zip _____ Phone No. with Area Code (____) _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

Did you drive a vehicle requiring a CDL? Yes No
Were you subject to the FMCSR's while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

2) Company _____
Address _____
City/State/Zip _____ Phone No. with Area Code (____) _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

Did you drive a vehicle requiring a CDL? Yes No
Were you subject to the FMCSR's while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

3) Company _____
Address _____
City/State/Zip _____ Phone No. with Area Code (____) _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties briefly: _____
Specific reason for leaving: _____

Did you drive a vehicle requiring a CDL? Yes No
Were you subject to the FMCSR's while employed here? Yes No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

4) Company _____

Address _____

City/State/Zip _____ Phone No. with Area Code (____) _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Did you drive a vehicle requiring a CDL? Yes No

Were you subject to the FMCSR's while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

5) Company _____

Address _____

City/State/Zip _____ Phone No. with Area Code (____) _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Did you drive a vehicle requiring a CDL? Yes No

Were you subject to the FMCSR's while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

6) Company _____

Address _____

City/State/Zip _____ Phone No. with Area Code (____) _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Did you drive a vehicle requiring a CDL? Yes No

Were you subject to the FMCSR's while employed here? Yes No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No

May we contact all of the employers listed above? Yes No

If not, tell us which one(s) you do not wish us to contact and why? _____

How many jobs have you had in the last five years **not listed above**? _____

Why are you seeking a new position at this time? _____

List any business-related outside interests and organizations you're active in: _____

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug/alcohol test required of me, whether prior to my employment or if employed by this company at any time thereafter. I understand and expressly agree that if employed by the company, storage areas provided for me (locker, desk, etc.) are open to investigation or search by the company without prior notice to me. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except the president of the company, who may do so only in writing.

I understand that if I am applying for a driving position, I may be required to complete a supplement to this application after its review.

I have read and understand the above.

Applicant's Signature _____ Date _____

Check over the foregoing application, making sure it is complete and signed.

