



Quad County Corn Processors
6059 159th Street
Galva, Iowa 51020
(712) 282-4628

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap, or marital status.

Position applying for: _____

Name:		_____	
Current Address:		_____	
Permanent Address: (if different from above)		_____	
Telephone #:	() _____	E-mail address:	_____
Social Security #:	_____ - _____ - _____	Drivers License #:	_____ State _____
I am a U.S. Citizen or other person authorized to work in the United States on an unrestricted basis ___ Yes ___ No			
Have you ever been convicted of a felony? ___ Yes ___ No			
If yes, please explain: _____			

Education	
High School:	
Name: _____	Address: _____
Did you graduate? ___ Yes ___ No	If you did not graduate, did you receive your GED? ___ Yes ___ No
Special Honors or awards: _____	

College, University, Technical or Vocational School:	
Name: _____	Address: _____
Did you graduate? ___ Yes ___ No	Attended from _____ to _____
Degree or Certification _____	Specialty _____
Special Honors or awards: _____	

Employment

Present or Most Recent Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____

Dates of Employment: _____ to _____
Supervisor Name: _____ Telephone # () _____ May we contact? ___ Yes ___ No
Reason for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____

Dates of Employment: _____ to _____
Supervisor Name: _____ Telephone # () _____ May we contact? ___ Yes ___ No
Reason for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____

Dates of Employment: _____ to _____
Supervisor Name: _____ Telephone # () _____ May we contact? ___ Yes ___ No
Reason for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Duties: _____

Dates of Employment: _____ to _____
Supervisor Name: _____ Telephone # () _____ May we contact? ___ Yes ___ No
Reason for Leaving: _____

Specialized Training & Classes/Outside Activities:

References (Please list at least 3)	
Name: _____	Address: _____
Telephone #: _____	
Relationship: _____	Length of time known: _____
Name: _____	Address: _____
Telephone #: _____	
Relationship: _____	Length of time known: _____
Name: _____	Address: _____
Telephone #: _____	
Relationship: _____	Length of time known: _____
Name: _____	Address: _____
Telephone #: _____	
Relationship: _____	Length of time known: _____

I hereby certify that the answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate my prior education and employment history.

Furthermore, I understand that if I am hired, employment with this company is "at will" which means that either the company or I can terminate this employment for any reason not prohibited by state or federal law.

Signature

Date