

Today's Date:

Application for Employment Sow Units

Waukon Feed Ranch, INC.
10 9th Street SW, P.O. Box 406
Waukon, Iowa 52172
Phone: (563) 568-3902 Fax: (563) 568-3905



Name: _____
(First) (Middle) (Maiden, If Any) (Last)

Address: _____ How Long? _____
(Street) (City) (State & Zip Code)

Telephone Number(s): _____

Are you 18 or older?: yes or no Social Sec. No: _____



Address for the Past Three Years:

_____ How Long? _____
(Street) (City) (State & Zip Code)

_____ How Long? _____ (Street)
(City) (State & Zip Code)

_____ How Long? _____ (Street)
(City) (State & Zip Code)

(Attach Additional Sheet If Needed)



Education:

Circle Highest Grade Completed:

High School: 9 10 11 12 Year Graduated: _____
College, Trade, or Business: 1 2 3 4

Graduate Studies: _____

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SCHOOL	ADDRESS	MAJOR STUDIES	DEGREE, DIPLOMA, LICENSE OR CERTIFICATE
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HIGH SCHOOL

COLLEGE/UNIVERSITY

VOCATIONAL,
BUSINESS,
OTHER

LIST ANY PROFESSIONAL DESIGNATIONS

OTHER SPECIAL KNOWLEDGE, SKILLS OR QUALIFICATIONS

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REFERENCES (DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS)

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
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1.

2.

3.

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GENERAL INFORMATION

___ YES ___ NO

MAY WE CONTACT YOU'RE CURRENT EMPLOYER FOR REFERENCES?

___ YES ___ NO

IF HIRED, WILL YOU BE ABLE TO WORK OVERTIME?

___ YES ___ NO

WILL YOU BE ABLE TO PERFORM THE ESSENTIAL JOB

FUNCTIONS FOR THE POSITION YOU ARE APPLYING FOR

WITH OR WITHOUT REASONABLE ACCOMMODATION?

___ YES ___ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALS BY COURT? (A "YES" RESPONSE DOES NOT AUTOMATICALLY DISQUALIFY YOUR APPLICATION.)

___ YES ___ NO

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

___ YES ___ NO

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

(IF THE ANSWER TO THE LAST TWO QUESTIONS ARE YES, ATTACH STATEMENTS GIVING DETAILS.)

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EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

LAST EMPLOYER:

NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

SECOND LAST EMPLOYER:

NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

THIRD LAST EMPLOYER:

NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE

APPLICANT'S SIGNATURE

CERTIFICATION & AUTHORIZATION ~ ALL APPLICANTS

THE PREVIOUS INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT, IN THE EVENT OF MY EMPLOYMENT BY THE COMPANY, I SHALL BE SUBJECT TO DISMISSAL IF ANY INFORMATION THAT I HAVE GIVEN IN THIS APPLICATION IS FALSE OR MISLEADING OR IF I HAVE FAILED TO GIVE ANY INFORMATION HEREIN REQUESTED, REGARDLESS OF THE TIME ELAPSED AFTER DISCOVERY.

I AUTHORIZE THE COMPANY TO INQUIRE INTO MY EDUCATIONAL, PROFESSIONAL AND PAST EMPLOYMENT HISTORY REFERENCES AS NEEDED TO RESEARCH MY QUALIFICATIONS FOR THIS POSITION. I HEREBY GIVE MY CONSENT TO ANY FORMER EMPLOYER TO PROVIDE EMPLOYMENT-RELATED INFORMATION ABOUT ME TO THE COMPANY AND WILL HOLD THE COMPANY AND MY FORMER EMPLOYER HARMLESS FROM ANY CLAIM MADE ON THE BASIS OF SUCH INFORMATION ABOUT ME WAS PROVIDED OR THAT ANY EMPLOYMENT DECISION WAS MADE ON THE BASIS OF SUCH INFORMATION. I FURTHER AUTHORIZE THE COMPANY TO OBTAIN ANY CREDIT AND CONSUMER CHECK.

I UNDERSTAND THAT NOTHING IN THIS EMPLOYMENT APPLICATION, THE GRANTING OF AN INTERVIEW OR MY SUBSEQUENT EMPLOYMENT WITH THE COMPANY IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN MYSELF AND THE COMPANY UNDER WHICH MY EMPLOYMENT COULD BE TERMINATED ONLY FOR CAUSE. ON THE CONTRARY I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT WILL BE TERMINABLE AT WILL AND MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME AND FOR ANY REASON. I UNDERSTAND THAT NO PERSON HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO FOREGOING.

IF EMPLOYED, I WILL BE REQUIRED TO PROVIDE ORIGINAL DOCUMENTS WHICH VERIFY MY IDENTITY AND RIGHT TO WORK IN THE UNITED STATES UNDER THE IMMIGRATION REFORM AND CONTROL ACT (IRCA) OF 1986. THE DOCUMENT(S) PROVIDED WILL BE USED FOR COMPLETION OF FORM I-9.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE _____ DATE _____