

# Employment Application



"WORLD'S FINEST CUSTOM TRAILER"

## HLT Limited

1419 11<sup>th</sup> Street North; PO Box 569  
Humboldt, Iowa 50548

515-332-1802 • Fax 515-332-1833

We consider applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	City	State      Zip Code
Telephone Number (s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work \_\_\_\_\_ Yes      No

Have you ever filed an application with us before? \_\_\_\_\_ Yes      No

Have you ever been employed with us before? \_\_\_\_\_ Yes      No

Are you currently employed? \_\_\_\_\_ Yes      No

May we contact your present employer? \_\_\_\_\_ Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? - Yes      No  
*(Proof of citizenship or immigration status will be required upon employment)*

On what date would you be available for work?      Date \_\_\_\_\_

Are you available to work:      Full time      Part Time

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes      No

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes      No  
*(Conviction will not necessarily disqualify an applicant from employment)*

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			

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Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

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# Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities

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Describe any job-related training received in the United States military

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Indicate any foreign languages you can speak, read, and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes \_\_\_ No \_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Interviewer*                      *Date*

Employed Yes \_\_\_ No \_\_\_

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate / Salary \_\_\_\_\_

By \_\_\_\_\_  
*Name and Title*                      *Date*

## Notes

\_\_\_\_\_  
\_\_\_\_\_  
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