

EMPLOYMENT APPLICATION



An Equal Opportunity Employer

Bollmeyer, Inc.
30585 300th St.
Hinton, IA 51024

Note to Applicant - (Please Read)

Thank you for considering Bollmeyer, Inc. as a place to work. This application form is intended for use in evaluating your qualifications for employment. **Please answer all appropriate questions completely and accurately.** All qualified applicants will receive consideration without discrimination because of sex, marital status, race age, creed, sexual orientation, national origin or the presence of disabilities. A felony conviction will also not necessarily bar you from employment. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. Depending on company policy and the needs of the job you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. This is not an employment contract. False and misleading statements during the interview and on this application form are grounds for termination of the application process, or if falsification is discovered after employment, termination of employment is possible.

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|----------------------------------|--|--|---------|---|---|--|----------|--|-----|
| PERSONAL DATA | NAME _____ SOC. SEC. NO. _____ DATE _____ (First) (M.I.) (Last) | | | | | | | | |
| | PRESENT ADDRESS _____ Street City State Zip Code | | | | | | | | |
| | HOME PHONE _____ CELL PHONE _____ DRIVER'S LINCENSE # _____ | | | | | | | | |
| POSITION | POSITION FOR WHICH YOU ARE APPLYING _____ DATE AVAILABLE _____ | | | | | | | | |
| | STARTING PAY EXPECTED _____ HOW DID YOU LEARN ABOUT THIS POSITION? _____ | | | | | | | | |
| | WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING? FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> | | | | | | | | |
| | ARE YOU WILLING TO WORK OVERTIME HOURS? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | |
| SECURITY | LIST STATES AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS _____ | | | | | | | | |
| | HAVE YOU USED ANY NAMES, OTHER THAN THOSE LISTED ABOVE? IF SO, PLEASE LIST _____ | | | | | | | | |
| | HAVE YOU BEEN CONVICTED OF A FELONY AND/OR SERVED TIME IN THE PAST SEVEN YEARS? IF SO PLEASE DESCRIBE BELOW: (IN ACCORDANCE WITH COMPANY POLICY THIS INFORMATION WILL BE REVIEWED FOR JOB RELATEDNESS AND TIME SINCE LAST CONVICTION.) _____ | | | | | | | | |
| JOB SKILLS | CAN YOU PERFORM THE REQUIREMENTS OF THIS JOB WITH OR WITHOUT ACCOMMODATION? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | |
| | WHAT ACCOMMODATIONS WOULD BE REQUIRED? _____ | | | | | | | | |
| | PLEASE LIST ANY OTHER SKILLS, LICENSES (INCLUDING VEHICLE) OR CERTIFICATES THAT MAY BE RELATED TO THE JOB. _____ _____ | | | | | | | | |
| | IF YOU ARE APPLYING FOR A TRUCK DRIVING OR FARM EQUIPMENT OPERATOR POSITION , LIST THE DETAILS OF YOUR DRIVING RECORD OVER THE PAST 10 YEARS. _____ _____ | | | | | | | | |
| EDUCATION | NAME OF SCHOOL | | ADDRESS | | GRADUATE? | | COURSE | | GPA |
| | | | | | YES NO | | OF STUDY | | |
| | HIGH SCHOOL | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | COLLEGE | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| POST-SECONDARY EDUCATION / OTHER | | | | <input type="checkbox"/> <input type="checkbox"/> | | | | | |

| | | | | | | | |
|---------------------------|--|-------------------------|--------------------|-----------|--------------------|-------------------------------|-----|
| PRESENT EMPLOYMENT | NAME OF PRESENT/ LAST EMPLOYER | | PHONE | ADDRESS: | CITY | STATE | ZIP |
| | STARTING DATE MO. YR. | LEAVING DATE MO. YR. | STARTING PAY | FINAL PAY | REASON FOR LEAVING | MAY WE CONTACT THIS EMPLOYER? | |
| | JOB TITLE | | NAME OF SUPERVISOR | | SUPERVISORS TITLE | | |
| | DESCRIBE IN DETAIL THE WORK YOU PERFORMED: _____ | | | | | | |

| | | | | | | | |
|-----------------|--|-------------------------|--------------------|-----------|--------------------|-------------------------------|-----|
| PREVIOUS | SECOND MOST RECENT EMPLOYER | | PHONE | ADDRESS: | CITY | STATE | ZIP |
| | STARTING DATE MO. YR. | LEAVING DATE MO. YR. | STARTING PAY | FINAL PAY | REASON FOR LEAVING | MAY WE CONTACT THIS EMPLOYER? | |
| | JOB TITLE | | NAME OF SUPERVISOR | | SUPERVISORS TITLE | | |
| | DESCRIBE IN DETAIL THE WORK YOU PERFORMED: _____ | | | | | | |

| | | | | | | | |
|-----------------|--|-------------------------|--------------------|-----------|--------------------|-------------------------------|-----|
| PREVIOUS | THIRD MOST RECENT EMPLOYER | | PHONE | ADDRESS: | CITY | STATE | ZIP |
| | STARTING DATE MO. YR. | LEAVING DATE MO. YR. | STARTING PAY | FINAL PAY | REASON FOR LEAVING | MAY WE CONTACT THIS EMPLOYER? | |
| | JOB TITLE | | NAME OF SUPERVISOR | | SUPERVISORS TITLE | | |
| | DESCRIBE IN DETAIL THE WORK YOU PERFORMED: _____ | | | | | | |

| | | | | | | | | |
|-------------------|---|--|---------|----------|--------------------|-------------------------|--|--|
| REFERENCES | PLEASE LIST 3 PROFESSIONAL REFERENCES: | | | | | | | |
| | NAME | | COMPANY | POSITION | PHONE# - WORK/HOME | RELATIONSHIP-Yrs. known | | |
| | NAME | | COMPANY | POSITION | PHONE# - WORK/HOME | RELATIONSHIP-Yrs. known | | |
| | NAME | | COMPANY | POSITION | PHONE# - WORK/HOME | RELATIONSHIP-Yrs. known | | |

Certification and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing, including DOT drug & alcohol testing, to detect the use of illegal drugs prior to and during employment. Further, in consideration of my employment by Bollmeyer, Inc., or its successors in business or assigns, (here-in-after called Bollmeyer, Inc. or the Company) and in consideration of the salary, incentives, or wages to be paid to me during the continuance of such employment, I agree as follows:

- A I will comply with all Bollmeyer, Inc. rules and regulations prescribed, written or oral, pertaining to requirements for employment.
- B I will submit to a Physical Review, if requested to determine my fitness to meet the essential functions of the job with accommodations, for which I am applying.
- C I will permit the making of Portrait Photographs and other records for purpose of identification.
- D I also agree that if I am employed by the Company a full transcript of my records as an employee, information as to my character, habits, and ability, also the cause for my termination may be given to any person with whom I may hereafter seek employment. I hereby release the Company from any and all liability or damages of whatever nature on account of furnishing such information.
- E All records pertaining to my employment are to remain the property of Bollmeyer, Inc.
- F I understand that as a part of Company procedure for processing my application, an investigative report, including a Motor Vehicle Review (MVR), may be made whereby information is obtained through contact & interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others. I also understand that under Public Law 91-5081 I have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- G I understand that as a part of the pre-employment process and in accordance with the Fair Credit Reporting Act of 1997, an investigative report may be requested from an outside agency. I understand that if employment is terminated as a result of this investigative report that I have right to the name and address of the reporting agency.
- H I agree that my employment is "at-will", and my employment & compensation can be terminated with or without cause and with or without notice, at any time at the option of either Bollmeyer, Inc. or myself. Further, I understand that this agreement can only be modified by the owners of the Company, and only in writing.

Applicant Signature: _____ Date: _____