



COMMERCIAL INTERIOR PROFESSIONALS

201 1st St. E | Altoona, IA 50009

515.967.3492 | 515.418.5341

Employment Desired

Position(s):	Date You Can Start:
Have you been employed by this Company before? ___yes ___no	Salary Desired:

Personal Information

Last Name:	
First Name:	
Address: Street: _____ Apt. Number: _____ City: _____ State: _____ Zip Code: _____	
Primary Telephone: (____) _____ - _____	Secondary Telephone: (____) _____ - _____
Best Time To Reach You:	Social Security Number: _____ - _____ - _____
Email Address: _____@_____	
Have you been convicted of a crime within the last 7 years? ___yes ___no (Conviction will not necessarily disqualify applicant from employment.) If yes, please explain: _____ _____	
Are you lawfully entitled to be employed in the United States? ___yes ___no. Are you at least 18 years of age? ___yes ___no	

Education

	Name and Address	No. of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Specialized Training				

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

Do you have a valid Driver's license? ___yes ___no If you have a CDL "x" here:
 If yes, Driver's License Number: _____ State Issued: _____

Personal References: If needed, please attach additional references to the back of the application.

Name	Relation	Phone Number

Employment History: Please begin with your most recent employer.

Name of Employer: City: _____ State: _____ Zip: _____		Telephone Number: _____	May We Contact? __ yes __ no
Your Position(s) and Duties Performed:			
Supervisor's Name: _____		Supervisor's Title: _____	
Dates of Employment: From: _____ To: _____			Status: __ Full Time __ Part Time __ Other
Reason for Leaving:			Ending Pay: \$ _____ __ Hourly __ Bi-Weekly __ Annual
Name of Employer: City: _____ State: _____ Zip: _____		Telephone Number: _____	May We Contact? __ yes __ no
Your Position(s) and Duties Performed:			
Supervisor's Name: _____		Supervisor's Title: _____	
Dates of Employment: From: _____ To: _____			Status: __ Full Time __ Part Time __ Other
Reason for Leaving:			Ending Pay: \$ _____ __ Hourly __ Bi-Weekly __ Annual
Name of Employer: City: _____ State: _____ Zip: _____		Telephone Number: _____	May We Contact? __ yes __ no
Your Position(s) and Duties Performed:			
Supervisor's Name: _____		Supervisor's Title: _____	
Dates of Employment: From: _____ To: _____			Status: __ Full Time __ Part Time __ Other
Reason for Leaving:			Ending Pay: \$ _____ __ Hourly __ Bi-Weekly __ Annual

Applicant's Certification Agreement

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate discipline, up to and including termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and hours, and working conditions as deemed necessary. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, AND THAT A WRITTEN AGREEMENT BETWEEN THE OWNER OF THE COMPANY AND ME, SIGNED BY BOTH OF US, CAN ALTER THE AT-WILL EMPLOYMENT RELATIONS.**
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. Integrated Construction, LLC is an Equal Opportunity Employer. Our policy reflects and affirms the company's commitment to the principles of fair employment and the elimination of all discriminatory practices.
6. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature: _____ Date: _____