

New Hampton Transfer and Storage
 1970 N. Linn Ave
 New Hampton, IA 50659
 Phone: 641-394-3191 Fax: 641-394-3190
 Email: info@nhwarehouse.com Website: www.nhwarehouse.com

APPLICATION FOR EMPLOYMENT

Name: _____

Date: _____

PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION

Employment Desired	POSITION(S) APPLYING FOR: _____ SEEKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY DAYS AND HOURS AVAILABLE: <input type="checkbox"/> M-F HOURS _____ AVAILABLE FOR OVERTIME: <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL ADDRESS: _____
-------------------------------	--

Personal Information				
LAST NAME		FIRST	MI	
ADDRESS (NO. STREET)	APT./ROOM NO.	CITY	STATE	ZIP
TELEPHONE NO ()	ALTERNATE NO FOR CONTACT ()		SOCIAL SECURITY NUMBER	
SALARY EXPECTATION	DATE AVAILABLE	PREVIOUSLY EMPLOYED BY NHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW DID YOU LEARN ABOUT US?				
RECRUITMENT AD	<input type="checkbox"/> (Please Specify) _____			
EMPLOYEE REFERRAL	<input type="checkbox"/> _____			
COMPANY WEBSITE	<input type="checkbox"/> _____			
OTHER	<input type="checkbox"/> (Please Specify) _____			
DRIVER'S LICENSE # & STATE: _____				

Name: _____

Please start with your most recent employer/position (including military experience if applicable) and work backwards. A resume should be attached to describe duties and scope of responsibility for each job in greater detail. Please explain any employment gaps on a separate page.

Employment History			
FROM (MO/YR)	TO (MO/YR)	BEGIN SALARY	END SALARY
COMPANY			SUPERVISOR'S NAME
ADDRESS			TELEPHONE ()
CITY/STATE/ZIP			
POSITION TITLE: _____			
PRINCIPAL DUTIES OR RESPONSIBILITIES: _____			
REASON FOR LEAVING: _____			

FROM (MO/YR)	TO (MO/YR)	BEGIN SALARY	END SALARY
COMPANY			SUPERVISOR'S NAME
ADDRESS			TELEPHONE ()
CITY/STATE/ZIP			
POSITION TITLE: _____			
PRINCIPAL DUTIES OR RESPONSIBILITIES: _____			
REASON FOR LEAVING: _____			

FROM (MO/YR)	TO (MO/YR)	BEGIN SALARY	END SALARY
COMPANY			SUPERVISOR'S NAME
ADDRESS			TELEPHONE ()
CITY/STATE/ZIP			
POSITION TITLE: _____			
PRINCIPAL DUTIES OR RESPONSIBILITIES: _____			
REASON FOR LEAVING: _____			

Name: _____

Education				
INSTITUTION	LOCATION (City/State)	MAJOR	DEGREE	DATE
High School:				
College:				
Post Baccalaureate:				
Vocational or Tech:				
Currently involved in any educational program relevant to the position(s) for which you are applying? If so please describe.				

Background	
1. Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If not, are you legally eligible for employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have any friends or relatives working for NHTS? If so, please state name and relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If hire, would you have a reliable means of transportation to and from work? _____	
5. Are you able to perform the essential function of the job for which you are applying? If no, describe the functions that cannot be performed _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted of criminal offense (felony or serious misdemeanor)? --Convictions for marijuana-related offenses that are more than two years old need not be listed <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state nature of the crime(s), when and where convicted and disposition of the case.	
(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)	

Name: _____

References				
Please list four (4) professional references. Include one from each company or organization in which you have worked or studied. Indicate reference's relationship to you such as supervisor, co-worker, etc. STAR THOSE REFERENCES YOU DO NOT WISH US TO CONTACT AT THIS TIME.				
Name	Relationship	Position	Company & Address	Telephone

Professional		
Please list only Job-Related Professional Licenses, Associations, or Organizations PROFESSIONAL LICENSES		
FIELD	STATE	DATE
PROFESSIONAL ASSOCIATIONS, ORGANIZATIONS		
DATES (FROM/TO)	OFFICES HELD	

Special Skills/ Interests			
FOREIGN LANGUAGES: (Indicate proficiency-Fluent/Fair/Slight)			
Language	Read	Write	Speak
Computer Skills:	_____		
Hardware Used:	_____		
Software Used:	_____		
Other Special Skills:	_____		
Extracurricular Activities or Special Interests:	_____		

Name: _____

**Certifications
Statement**

PLEASE READ CAREFULLY AND SIGN

● In considering your possible future employment by New Hampton Transfer and Storage a routine inquiry may be made which will provide applicable information concerning your character, general reputation, previous employment and personal characteristics.

● I authorize the investigation of all information provided in this application including, but not limited to, verification of employment, education, and standard reference checks. I will not hold New Hampton Transfer and Storage liable for any informations received during this routine inquiry. (You have the right to request that our firm completely and accurately disclose to you the nature and scope of this investigation. Upon written request, additional information about such and inquiry if one is made, will be provided to you.)

● I authorize all persons, including but not limited to, schools, companies, corporations, credit bureaus and law enforcement agencies, to supply information concerning my background to New Hampton Transfer and Storage.

● I understand that if any statement herein is not ture or if my references are not satisfactory, any offer of employment may be withdrawn. I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, immediate dismissal.

● I understand that offers of employment from New Hampton Transfer and Storage is limited to those offers contained in written offer letters to prospectiive employees. No promises of continuing employment, either expressed or implied, may be made to employees, or appicants for employment by any representative of New Hampton Transfer and Storage. Contracts for employment with New Hampton and Storage are solely and exclusively the right of the President of New Hampton Transfer and Storage.

● I understand that should I be employed by New Hampton Transfer and Storage, I will be required, in accordance with Immigration Reform and Control Act of 1986 (IRCA), to provide, on my first day of employment, documents establishing proof of my identity and employment eligibility. I acknowledge that compliance with IRCA is a condition of employment.

● I understand that New Hampton and Transfer maintains a drug and alcohol free workplace. I further understand that drug tests are conducted as a routine part of the employment process and that any offer of employment made by New Hampton Transfer and Storage will be contingement upon my successfully passing a drug test.

● I understand that this applicatoin will remain active for 90 days from this date.

● I have read this application carefully and fully understand it.

Signature Date

UNDER STATE LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT OR TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST FOR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

Signature Date