



6000 Huntington Ct. NE. Cedar Rapids, Iowa 52402

Date: ____/____/____

Name: _____ Social Security #: _____
LAST FIRST M. (OPTIONAL)

Present Address: _____ Phone #: _____
STREET

CITY STATE ZIP CODE

Permanent Address: _____ Phone #: _____
(IF DIFFERENT FROM PRESENT ADDRESS) STREET

CITY STATE ZIP CODE

Position(s) Applied for: _____

Type of Employment Desired: Full Time Part Time Other: _____

Please indicate the shift(s) you would be willing and able to work: First Second Other: _____

Please indicate any potential scheduling conflicts (exclude scheduling conflicts which would indicate race, religion, age, or other protected status). _____

Date Available to Start: _____ Salary Requirements: _____

Have you applied here before? Yes No If yes, when? _____

Have you ever worked at H.S. Industries or affiliated companies? Yes No If yes, what dates? _____

Do you have any family members employed by Hunter's Specialties? Yes No If so, whom: _____

Are you 18 years of age or older? Yes No

Have you ever been convicted, plead guilty, or received a deferred sentence for a crime (misdemeanor or felony, including any OWI related convictions) in this state or any other state(s)? Yes No

If yes, please explain all: _____

(A conviction may bear on the hiring decision, but is not automatic grounds for rejection of the application. Circumstances, as they relate to the job will be considered.)

Are you a United States Citizen? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

EDUCATION:

	School Name & Location	Major Course Studied	# of Years Completed	Diploma / Highest Degree	GPA	If Degree Received - Major
High School				Yes No		
College						
Other						

EMPLOYMENT HISTORY: (List most recent or current employer first)

Employer: _____ Position: _____
 Address: _____ Employed From: ___/___/___ To: ___/___/___
 _____ # of Hrs. Worked per Week: _____
 Phone Number: (_____) _____ Salary or Hourly Wage: _____
 Supervisor's Name: _____ Reason for Leaving: _____
 Job Duties: _____
 May We Contact for a Reference? Yes No
 If No, Please Explain: _____

Employer: _____ Position: _____
 Address: _____ Employed From: ___/___/___ To: ___/___/___
 _____ # of Hrs. Worked per Week: _____
 Phone Number: (_____) _____ Salary or Hourly Wage: _____
 Supervisor's Name: _____ Reason for Leaving: _____
 Job Duties: _____
 May We Contact for a Reference? Yes No
 If No, Please Explain: _____

Employer: _____ Position: _____
 Address: _____ Employed From: ___/___/___ To: ___/___/___
 _____ # of Hrs. Worked per Week: _____
 Phone Number: (_____) _____ Salary or Hourly Wage: _____
 Supervisor's Name: _____ Reason for Leaving: _____
 Job Duties: _____
 May We Contact for a Reference? Yes No
 If No, Please Explain: _____

Employer: _____	Position: _____
Address: _____ _____	Employed From: ___/___/___ To: ___/___/___
Phone Number: (_____) _____	# of Hrs. Worked per Week: _____
Supervisor's Name: _____	Salary or Hourly Wage: _____
Job Duties: _____	Reason for Leaving: _____
May We Contact for a Reference? Yes No	
If No, Please Explain: _____	

Work related organizations and activities. (Exclude those which would reveal race, religion, gender, origin, age, disability, or other protected status.) _____

REFERENCES:

(List 3 persons not related to you whom you have known at least one year.)

Name	Address	Phone #	Occupation	Years Known	Personal or Professional
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SPECIFIC SKILLS:

Bi / Multilingual: Yes No If yes, what other languages? _____

Valid Drivers License: Yes No Drivers License #: _____

Computer Skills: _____

_____ Typing Speed: _____ wpm

Other Skills, Licenses, or Certifications: _____

List any additional information appropriate for consideration:

PLEASE READ AND SIGN:

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may be cause for dismissal. Further, I understand and agree that if employed, my employment is for no contractual period and may be terminated in compliance with Iowa Employment-At-Will and the established personnel policies of this agency. I also understand that continued employment is contingent upon satisfactory completion of background record checks (i.e. Department of Criminal Investigation, Department of Motor Vehicles, etc.). I understand and agree that the terms and conditions of my employment may be changed, with or without notice, at any time by the company. I understand that no company representative, other than the President or Vice President, and only then in writing and signed by the President or Vice President, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

This agency does not discriminate on the basis of race, religion, creed, color, age, sex, sexual orientation, gender identity, national origin, marital status, disability, political belief, military service, pregnancy, childbirth and related medical conditions or any other classification protected by federal, state and local laws and ordinances, nationally and internationally.

I certify that I have read, understand, and agree to abide by the above information. The information I have provided on this application is true, correct, and complete.

Signature: _____

Date: ____/____/____

This application will be maintained in an active file for a period of three (3) months from the date of application.

Hunter's Specialties
6000 Huntington Ct. NE.
Cedar Rapids, IA 52402
Telephone: 319-395-0321
Fax: 319-395-0326
www.hunterspec.com

EOE/M/F/D