

Position that you are applying for : _____

Date

MI



First Name

Kinze Manufacturing, Inc.

Application for Employment

An Equal Opportunity Employer

Applicants are considered for positions without regard to race, sex, color, age, religion, marital status, national origin, disability, sexual orientation, gender identity, or veteran status. This application is valid for 1 year.

2172 M Ave.
P. O. Box 806
Attn. HR Department
Williamsburg, IA 52361-0806
Phone 319-668-1300
FAX 319-668-3064

Last Name

Incomplete & Illegible applications will be rejected.

I. General Information (Please Print All Information)

Last Name		First Name		MI
Street Address		City	State	Zip Code
Social Security Number _ _ _ - _ _ - _ _ _ _ _		Salary Requirement		Primary Phone () _ _ _ - _ _ _ _
				Secondary () _ _ _ - _ _ _ _
How did you hear about Kinze Manufacturing, Inc? Advertisement Friend Relative Current Employee Other				Date Available To Start Work / /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name :	

1. Do you have any relatives or friends employed by KINZE ? No Yes If Yes, Who - _____

2. Have you ever pled guilty, or pled "No contest", or been convicted of a felony or misdemeanor other than a traffic violation ? If yes, please explain in Section VI, Remarks. A conviction record will not necessarily be a bar to employment; factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation, will be taken into account. Yes No

3. Have you ever applied at KINZE before? If Yes, When _____ Yes No

4. Have you ever been interviewed by KINZE before ? If Yes, When _____ Yes No

5. Have you ever worked at KINZE before? If Yes, When _____ Yes No

6. Can you travel if the job requires it ? Yes No

7. Are you eligible to work in the United States ? Yes No

8. Are you at least 18 years of age ? Yes No

9. Have you ever been disciplined for Absenteeism, Tardiness, or any other infractions by any previous employer ? If yes, please explain in Section VI, Remarks. Yes No

10. Have you ever been discharged or asked to resign by any of your previous employers ? If yes, please explain in Section VI, Remarks. Yes No

II. Education

Level of Education	Name of School and City / State	Did you Graduate	Year Graduated	Major	Grades
GED		Yes <input type="checkbox"/> No <input type="checkbox"/>			
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Business / Trade/ Masters		Yes <input type="checkbox"/> No <input type="checkbox"/>			

III. Employment History (Minimum of 10 years of Employment History if Applicable. Use additional sheet if necessary; do not omit any employer.)

Last or Current Employer	Name of Employer -		
Title of Position(s) Held :		Phone # of Employer :	() - -
Employer Address :	City	State	Zip Code
Description of Job Responsibilities:		From Mo/Yr	
		To	
		Base Pay*	Per
Reason for Leaving/Considering New Opportunity :		Supervisors :	Supervisor Phone #

Previous Employer	Company Name:		
Title of Position(s) Held :		Phone # of Employer :	() - -
Employer Address :	City	State	Zip Code
Description of Job Responsibilities:		From Mo/Yr	
		To	
		Base Pay*	Per
Reason for Leaving :		Supervisors :	Supervisor Phone #

Previous Employer	Company Name:		
Title of Position(s) Held :		Phone # of Employer :	() - -
Employer Address :	City	State	Zip Code
Description of Job Responsibilities:		From Mo/Yr	
		To	
		Base Pay*	Per
Reason for Leaving :		Supervisors :	Supervisor Phone #

Previous Employer	Company Name:		
Title of Position(s) Held :		Phone # of Employer :	() - -
Employer Address :	City	State	Zip Code
Description of Job Responsibilities:		From Mo/Yr	
		To	
		Base Pay*	Per
Reason for Leaving :		Supervisors :	Supervisor Phone #

*** Base Pay is your basic amount of pay excluding overtime pay, special bonuses or allowances. The rate you indicate may be checked with former employers.**

IV. References

Professional References: Please list at least **three, (3) Professional References**. Must be individuals that you directly reported to and can tell us about you as an employee. We do not want Personal references such as relatives, acquaintances or co-workers. You may also use teachers, instructors, coaches.

Name	Street Address, City, St., Zip Code	Phone Number	Relationship
		() ___ - ____	
		() ___ - ____	
		() ___ - ____	
		() ___ - ____	

V. Military Service: If you have prior Military service and special skills/training that you feel may help with position at Kinze please list below:

VI. Remarks (for questions 1-10 in section I.)

VII. Why do you want to work for Kinze?

VIII. Agreement - Please read the following carefully

I certify that the information provided on this application is true and accurate, and I authorize Kinze Manufacturing, Inc. to verify all of the information I have provided. If I obtain employment at Kinze Manufacturing, Inc., I agree to comply with all of the policies of the company. I understand that, if hired, my employment relationship with Kinze Manufacturing, Inc. is entirely voluntary in nature. In other words, I will have the right to end the employment relationship at any time for any reason, and Kinze Manufacturing, Inc. will have that same right. If required, I agree to submit to a criminal background check, physical examination and a drug test. I authorize my former employers and educational institutions to give Kinze Manufacturing, Inc. any information they have regarding me, and release them from liability for any damage whatsoever for disclosing such information. I understand that if at any time Kinze Manufacturing, Inc. should discover that any information provided on this application, or my information I provide during the physical examination is false or incomplete, my application for employment will not be further considered, and if the falsification or omission is not discovered until after I am hired my employment with the company will be terminated.

Applicant Signature

Date