

Since 1871



801 DIVISION STREET
BOX 3067
SIOUX CITY, IOWA 51102
PHONE 712-252-4181
WWW.SIOUXCITYFOUNDRY.COM

EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION

v.07_2019

TO APPLICANT: We deeply appreciate your interest in our organization; the information requested by this employment application is to assist us in placing you in a position for which you are qualified and is not intended to invade your privacy. Sioux City Foundry Co. is an equal opportunity employer and does not discriminate against any employee or applicant because of RACE, RELIGION, CREED, AGE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY OR NATIONAL ORIGIN. **ALL** answers should be in your own hand writing or lettering. Please answer all questions indicating "NONE" where applicable. We assure you that we are sincerely interested in your qualifications and advise you that we intend to check and hold you responsible for the statements you make on this application.

Name _____ **Date** _____
LAST FIRST MIDDLE

STREET ADDRESS CITY STATE ZIP

SOC. SEC. NO. DRIVER'S LICENSE NUMBER **Phone** _____
HOME PHONE CELL PHONE

Email _____

What is the best way to contact you? Phone Text Email Mail

What is your expected pay rate? _____

For what position are you applying for? _____ **Shift** Day Night Either

How did you hear about this position? (job fair, advertisement, website, etc) _____

Have you ever made an application or worked at the Sioux City Foundry Co. before? Yes No

If so, when? _____

If your application for employment is accepted, when would you be available to start work? _____

(1) In Case of Emergency Notify:

Name _____
Street Address _____
City _____ **State** _____ **Zip** _____
Relationship _____
Phone (Home) _____ (Work) _____

(2) In Case of Emergency Notify:

Name _____
Street Address _____
City _____ **State** _____ **Zip** _____
Relationship _____
Phone (Home) _____ (Work) _____

EDUCATIONAL HISTORY	NAME OF SCHOOL	LOCATION	# of Yrs. Attended	Year Graduated	Grade Average
High School					
College					
Other					

Specialized Education and/or Experience relating to position(s) applied for or available in Company (Describe) _____

What do you think qualifies you for this position?: _____

Military Service Record:

Have you ever been in the military? Yes No

If yes, what branch and dates of service: _____

Rank at discharge: _____

Specialized training and duties while in service. _____

PREVIOUS WORK EXPERIENCE Give employment record as completely as possible, starting with your present or last employer. Insert an additional sheet if necessary. For any unemployed or self-employed periods, show dates and locations.

COMPANY NAME	ADDRESS	DATE		TOTAL TIME WORKED	PAY RATE	TITLE OF POSITION HELD & NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
		MO.	YR.				
	City _____ State _____	From _____	_____	Years _____	Starting _____		
	City _____ State _____	To _____	_____	Months _____	Final _____		
	City _____ State _____	From _____	_____	Years _____	Starting _____		
	City _____ State _____	To _____	_____	Months _____	Final _____		
	City _____ State _____	From _____	_____	Years _____	Starting _____		
	City _____ State _____	To _____	_____	Months _____	Final _____		

Are you currently employed? Yes No

If presently employed, should we contact your employer? Yes No

Have you been previously dismissed for cause? Yes No Reason: _____

List the name and relationship of any relative currently employed by this organization:

Name _____ Relationship _____

Name _____ Relationship _____

FOR COMPANY USE

<input type="checkbox"/> DATE HIRED _____	<input type="checkbox"/> DATE REJECTED _____
DATE EMPLOYED _____	TITLE _____
DEPARTMENT _____	SUPERVISOR _____
<small>(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)</small>	
SIGNATURE OF INTERVIEWING OFFICER _____	

The following is to be completed.

- I understand the company rules and regulations may be changed, modified, deleted or added to by the company at any time at the company's sole option and without any prior notice.
- I understand that this application will remain active for no more than 30 days.
- I understand that falsification, omission or misstatement of information may result in refusal to hire or if hired, dismissal from employment.
- I agree to receive text messages.

I hereby affirm that the facts set forth in this application are true and correct. I authorize all persons or institutions to give Sioux City Foundry full information concerning my character, qualifications, health, former employment and record of any violations of ordinances or statutes. This authorization may result in a criminal background check.

Signature _____

Date _____