

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 _____