

IVESCO LLC

124 Country Club Rd., P.O. Box 638, Iowa Falls, IA 50126

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non job-related information.

Job Applied for _____		Today's Date _____	
Are you seeking: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> employment?		When could you start work? _____	
Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code
Social Security # _____			
Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If hired, can you furnish proof you are eligible to work in the U.S.?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever applied here before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when? _____
Were you ever employed here?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when? _____
Have you ever been convicted of any law violation (except a minor traffic violation)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give details _____		
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)		
Are you now or do you expect to be engaged in any other business or employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain _____		
How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA.)	_____	
<u>For Driving Jobs Only:</u> Do you have a valid driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
State of Issue _____	Driver's License Number _____	Class of License _____
Have you had your driver's license suspended or revoked in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give details: _____		
List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____		

LIST NAME AND ADDRESS OF SCHOOLS	# Years Completed	Diploma/Degree	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying? _____			

What Machines or equipment can you operate that relate to the job for which you are applying? _____			

1/1/06

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable reference from current and former employers.

NAME OF EMPLOYER	JOB TITLE & DUTIES
ADDRESS	DATES OF EMPLOYMENT (Mo/Yr) FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE & DUTIES
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Have you worked or attended school under any other name? Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application, any attached resume and supporting documents is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that IVESCO LLC may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be contingent upon my successfully passing a complete post-offer pre-placement physical examination including drug screen. I consent to the release of all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF IVESCO LLC. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE.

I have read, understand, and by my signature or by typing my name below consent to the statements above.

Signature _____ Date _____

This application for employment will remain active for a period of one year.