



1711 SE Oralabor Rd.
Ankeny, Iowa 50021
www. accu-mold.com

Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

Answer each question fully and accurately. No action can be taken on the application until you have answered all questions.
Do not fill in any section with "see resume". All information is subject to verification.

Personal Information

Date _____

Name _____ *List any other names you have been known by* _____

Present Address _____ City _____ State _____ ZIP _____

Previous Address _____ City _____ State _____ ZIP _____
(if less than 2 years)

Phone Number _____ Cell _____ E-mail _____

Referred by Ad School Accumold Employee _____ Other _____

Employment Information

Position applying for _____ Part Time Fulltime Date Available _____ Salary Desired _____

What shift(s) are you available to work? 1st (days) 2nd (afternoons) 3rd (overnight) Weekends All

Are you currently employed? YES NO May we contact your current employer? YES NO

Are you legally eligible to be employed in the United States? YES NO Are you 18 years or older? YES NO

Have you ever applied at Accumold before? YES NO If so when? _____

Do you use tobacco products? YES NO Accumold recognizes a tobacco free campus which includes building, grounds and parking lot

How many days in the last 12 months were you absent from work or school for a non FMLA absence? _____ days

Have you ever been demoted, counseled or disciplined at a job? If yes, please give details _____

Have you ever been convicted of a felony? YES NO Have you ever plead "guilty" or "no contest" or been "convicted" of a charge? YES NO If yes, give date and conviction. _____

Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an applicant from consideration for employment. However, if an applicant attempts to withhold information or falsify information pertaining to previous convictions, the employee will be disqualified from further employment consideration in any position with the company due to falsification of an application.

Education History

	Name and Location	Number of Years Attended	Did you Graduate?	Subjects Studied
Grammar School/ High School				
College				
Trade or Business School				

General Information

Special studies, research, experience, skills or training _____

U.S. Military or
Naval Service _____ Rank _____

Former Employers

Please complete the following employment history including all requested information starting with your most recent job first.

<i>Date - Month & Year</i>	<i>Employer's Name, Address & Phone Number</i>	<i>Ending Salary</i>	<i>Position & Supervisor</i>	<i>Reason for Leaving</i>
<i>From</i>				
<i>To</i>				
<i>From</i>				
<i>To</i>				
<i>From</i>				
<i>To</i>				
<i>From</i>				
<i>To</i>				

References

List three people not related to you who are familiar with your work achievements. Complete and accurate information is required.

<i>Name</i>	<i>Address & Phone Number</i>	<i>How does this person know you? Example: coworker, neighbor, etc.</i>	<i>Years Known</i>

Will you consent to a pre-employment drug screen and background check? YES NO

Authorization and Release

"By my signature I certify that the facts contained on this application are true and complete to the best of my knowledge. I also understand that if employed, falsified statements on this application can be grounds for dismissal.

I agree that my claim of lawsuit relating to the application or to my employment with Accu-Mold LLC must be filed not more than 300 days after the date of the employment application that is the subject of the claim or lawsuit. I waive any statute of any limitations to the contrary.

I authorize the investigation of all information contained in this application and/or included in submitted resume. Listed employers and references are authorized to give Accu-Mold LLC any and all pertinent information they may have, personal or otherwise, and release Accu-Mold LLC from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Accu-Mold LLC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

I understand this application will remain active up to a maximum period of 90 days. If after that time I desire further consideration for employment, I must renew this application.

Date _____ **Applicant's Signature** _____