



# Application for Employment

Mail, fax, or e-mail application to:  
**Interpower Corporation**  
**Attn: Human Resources**  
**100 Interpower Avenue**  
**P.O. Box 115**  
**Oskaloosa, Iowa 52577**  
 Fax: (641) 673-0566  
 E-Mail: jobs@interpower.com

Interpower Corporation considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an Equal Opportunity Employer and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

(PLEASE PRINT)

**Position(s) applied for:**

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary desired: \$ \_\_\_\_\_

Availability:  Full Time  Part Time  Temporary  Shift Work

Shift Preference (for manufacturing only):  First Shift (Monday – Friday 7:00 a.m. – 3:30 p.m.)  
 Second Shift (Monday evening – Friday morning 3:30 p.m. – 2:30 a.m.)

**How did you learn about us?**

Job Service  Friend  Walk-In  Advertisement \_\_\_\_\_  
 Employment Agency  Relative  Interpower Employee  Other \_\_\_\_\_

Last Name	First Name	Middle Name
Street or Post Office Box	City	State Zip
Telephone Number(s)		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If yes, give dates(s): \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If yes, give dates(s): \_\_\_\_\_ to \_\_\_\_\_

Are you currently employed?  Yes  No  
 If yes, give date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

May we contact your present employer?  
 If so, work number and best time to call Number (\_\_\_\_) \_\_\_\_\_ Time \_\_\_\_\_ a.m. p.m.

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain \_\_\_\_\_

# Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Skills/Duties/Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

**List professional, trade, business, or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*


# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Specialized Skills

## Check/List Skills/Equipment Operated

___ Internet	PC Software Used:	Mac Software Used:	Production:	Other (list):
___ PC	___ Windows	___ Word	___ Assembly	___ Fork Truck
___ Macintosh	___ Word	___ Excel	___ Injection Molders	_____
___ Typewriter	___ Excel	___ QuarkXPress	___ Crimpers	_____
___ Calculator	___ PowerPoint	___ Illustrator	___ Soldering	_____
___ Fax	_____	___ Photoshop	_____	_____
___ Switchboard	_____	_____	_____	_____
___ Cad	_____	_____	_____	_____
___ E-mail	_____	_____	_____	_____

Do you have any relatives or friends employed here?  Yes  No

If yes, please list name(s) and relationship below:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

## References

1. _____ (Name) _____ (Phone #)
_____ (Address)
2. _____ (Name) _____ (Phone #)
_____ (Address)
3. _____ (Name) _____ (Phone #)
_____ (Address)

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

# Applicant's Statement

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I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I give the Employer the right to investigate all references and to secure any additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and acknowledge that my employment relationship with this organization is that of an "at will" employee. As such, I understand that I may terminate my employment at any time. Similarly, I understand that the Company may discharge me at any time, with or without cause or notice. I understand that this "at will" employment relationship may not be changed unless such change is specifically acknowledged in writing by the president of the Company.

In the event I am employed, I understand that any false or misleading information given by me in my application or at any time during my employment may result in my immediate discharge. I acknowledge and agree that I will abide by all rules and regulations of the Company.

I agree to submit to a post-offer physical examination which may include a test for illegal drugs. I hereby expressly release the Company, as well as its directors, officers, agents, or employees, from any claim or demand which could conceivably arise in connection with the utilization of any such exams or tests.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date