



# Application for Employment

Mail, fax or e-mail applications to:

**Mail:** Interpower Corporation  
 Attn: Human Resources  
 P.O. Box 115  
 Oskaloosa, IA 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)**

<b>Position(s) applied for:</b> _____			
Date of application	____ / ____ / ____	Date you would be available for work	____ / ____ / ____
Salary desired	\$	_____	
Availability:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary <input type="checkbox"/> Intern
<b>Shift Preference</b> (for manufacturing only)			
<input type="checkbox"/> First Shift		<input type="checkbox"/> Second Shift	
<b>Location Preference</b>			
<input type="checkbox"/> Ames		<input type="checkbox"/> Lamoni	<input type="checkbox"/> Oskaloosa
<b>How did you learn about us?</b>			
<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Newspaper: _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Website	<input type="checkbox"/> Interpower Corporation Employee	<input type="checkbox"/> Other: _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Primary Telephone Number		E-Mail:

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

Have you ever filed an application with us before?  Yes  No

If yes, give date(s) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been employed with us before?  Yes  No

Are you currently employed?  Yes  No

If yes, give date of employment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

May we contact your present employer?  Yes  No

Number (\_\_\_\_) \_\_\_\_\_ Time \_\_\_\_\_ am/pm

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 identity, U.S. citizenship and legal work authorization 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.*

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Received
Elementary School				N/A
High School				Diploma <input type="checkbox"/> yes <input type="checkbox"/> no
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, apprenticeships, skills, and extra curricular activities.**  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

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## Specialized Skills

Check/List Skills/Equipment Operated

<input type="checkbox"/> Internet	PC Software Used:	Mac Software Used:	Production:	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Windows	<input type="checkbox"/> Word	<input type="checkbox"/> Assembly	<input type="checkbox"/> Fork Truck
<input type="checkbox"/> Fax	<input type="checkbox"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Injection Molders	<input type="checkbox"/> Test Lab
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Excel	<input type="checkbox"/> InDesign	<input type="checkbox"/> Crimpers	<input type="checkbox"/> Maintenance
<input type="checkbox"/> E-mail	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Illustrator	<input type="checkbox"/> Soldering	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Access	<input type="checkbox"/> PhotoShop	<input type="checkbox"/> Extrusion	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> AutoCad	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> SolidWorks	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

# 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.

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

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

## Other Qualifications

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

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**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.*


Do you have any relatives employed here?  Yes  No

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

Name:

Relationship:

Name:

Relationship:

**References**

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

**Applicant’s Statement**

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 contact previous employers to verify employment and secure. 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 will be 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.

I acknowledge that this application of employment will be active for 90 days; after this time period, I must reapply for further consideration.

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