



EMPLOYMENT APPLICATION

Completion of this application is required to be considered for employment.

Stellar Industries, Inc.
 190 State St.
 Garner, Iowa 50438
 (641) 923-3741
 www.stellarindustries.com

All persons offered employment are required to submit to and pass a pre-employment drug test as a condition of employment.
 Stellar Industries, Inc. is an equal opportunity employer.

APPLICANT INFORMATION

Instructions: Complete with ink or type. Attach additional sheets as necessary.			Date
Name (Last, First, M.I.)	Applicant Social Security Number		
Street Address	City	State	Zip
Area Code / Telephone	Other Telephone (if any)	Best time to contact you	

Last:

Are you 18 years or older?	Are you a U.S. citizen or an alien authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred here? (Advertisement, website, employee, etc. Please include the name of publication or source)	

First:

Position applying for:	Date you can start:	Salary/Wage desired:	
Desired Shift: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Any	Desired Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Are you employed now?	If so, may we contact your present employer?

EDUCATION AND TRAINING

Check all appropriate boxes	Name and Location of School	No. years attended	Did you graduate?	Major or course studied
<input type="checkbox"/> High School Graduate/GED				
<input type="checkbox"/> Post High School, Vocational, or Business School				
<input type="checkbox"/> College				
<input type="checkbox"/> Other _____				

Middle:

JOB RELATED SKILLS AND EXPERIENCE

List job related skills and experience in an area such as welding, hydraulics, electrical, electronics, computer hardware, software, office equipment, etc.

OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES (Include Commercial Driver's License):

License/Certificate Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No

If yes, what can be done to accommodate your limitation?

Please describe:

RELATED EMPLOYMENT HISTORY

Please list below your work-related experience, starting with the most recent employment and working backwards. Additional sheets may be attached.

Job Title	Employer (include address and phone)	
Date Of Employment From: To:	Average Hours Per Week	Wage/Salary
Description of your duties:		Reason for leaving:

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Description of your duties:		Reason for leaving:

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Date Of Employment From: To:	Average Hours Per Week	Wage/Salary
Description of your duties:		Reason for leaving:

REFERENCES

Name	Address	Phone	Business	Years acquainted

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Offense	Disposition
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* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

In case of emergency notify:	
Address:	Phone:

CERTIFICATION: *By submitting this application and any attachments, the applicant named above certifies that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify applicants from consideration for employment, or if hired, may be grounds for termination. Previous employers may be contacted for verification of employment history.*

I understand and agree that if hired, my employment is for no definitive period and may, regardless of the date of my wages and salary, be terminated at any time without prior notice.

Applications are held on file for one year. No phone calls please.

I hereby certify that the statements on this application are true.

Applicant's Signature

Date

OFFICE USE ONLY (Do Not Write Below This Line)

Interviewed by:	Date:
Hired:	Position: Department:
Salary/wage:	Date reporting to work:
Notes:	
Approved:	