FORM HR-1 Application
Rev E 19 May 2025

2864 Burton Ave. Waterloo, IA 50703
P:319.233.1997 F:319.233.7677

EMPLOYMENT APPLICATION

Date: _____ Social Security # _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

POSITION

*Position applying for: _____ *Date you are available to start: _____
*For which schedules are you available? ☐ Full-Time ☐ Part-Time ☐ Temporary
☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime Shift_____

SECURITY DISCLOSURE

*Are you 18 years of age or older? ☐ Yes ☐ No *Can you provide proof of age? ☐ Yes ☐ No
*Do you have the legal right to work in the United States? ☐ Yes ☐ No
*Do you have access to adequate transportation to travel to and from work? ☐ Yes ☐ No
*Have you been unemployed or have not worked for anyone for more than 40 hours during the last 60 days? ☐ Yes ☐ No

EDUCATION

Highest Grade Completed: _____ I have a: ☐ High School Diploma
School: _____ ☐ GED Certificate or High School Proficiency

College / University / Trade School Or Special Training	Major	Graduate?	Type of Degree

EMPLOYMENT HISTORY

Begin with your most recent employment.

Employer: _____ Phone: ( )_____

Address: _____
Street City State Zip

Employed from: _____ to: _____ Job Title: _____ Pay Rate: _____

Duties: _____
Reason for Leaving: _____
Supervisor Name: _____

Employer: _____ Phone: ( )_____

Address: _____
Street City State Zip

Employed from: _____ to: _____ Job Title: _____ Pay Rate: _____

Duties: _____
Reason for Leaving: _____
Supervisor Name: _____

Employer: _____ Phone: ( )_____

Address: _____
Street City State Zip

Employed from: _____ to: _____ Job Title: _____ Pay Rate: _____

Duties: _____
Reason for Leaving: _____
Supervisor Name: _____

CERTIFICATION AND RELEASE

I certify that I have read and understand all questions and statements in the application form, and the answers given by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs or alcohol is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature:	**Date:**

OFFICE USE ONLY

_____ / _____ / _____
Employee's Date
of Hire

Employee is: ☐ Full-Time ☐ Part-Time ☐ Seasonal (Less than 6 months per year)

Comments: _____
_____

Employer Signature: _____ Date: _____ / _____ / _____