

APPLICATION FOR EMPLOYMENT

DIVERSIFIED TECHNOLOGIES - GEORGE, IOWA



PERSONAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE
PERMANENT ADDRESS			
CITY	STATE	ZIP	PHONE NUMBER
PRESENT ADDRESS			
CITY	STATE	ZIP	
HAVE YOU BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES: YEAR	POSITION	
WHAT KIND OF WORK ARE YOU APPLYING FOR? (CHECK ONE)			
<input type="checkbox"/> Production Worker <input type="checkbox"/> Quality Control <input type="checkbox"/> Steel Fabrication <input type="checkbox"/> Inventory Control <input type="checkbox"/> Secretarial Work <input type="checkbox"/> Management/Accounting			
<input type="checkbox"/> Machinist <input type="checkbox"/> Truck Driver <input type="checkbox"/> Sandblaster <input type="checkbox"/> Sales <input type="checkbox"/> Engineering			
<input type="checkbox"/> Welder <input type="checkbox"/> Painter <input type="checkbox"/> Mechanic			
<input type="checkbox"/> Tool & Die Maker <input type="checkbox"/> Shipping/Receiving, Parts, Warehouse, or Assembler			
SPECIAL QUALIFICATIONS			

If you are selected for employment, you will be required to provide evidence to verify your age.

EDUCATION

High School	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
College/Trade	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you presently a member of the Naval or Armed Forces of the United States, the National Guard of any state, or the Reserves? Yes No

(This information needed for planning purposes only. We support our armed forces.)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employer.



COMPANY NAME	TELEPHONE
ADDRESS	DATES EMPLOYED (MONTH & YEAR) FROM: TO:
NAME OF SUPERVISOR	SALARY STARTING: ENDING:
STATE POSITION AND DESCRIBE YOUR WORK	
REASON FOR LEAVING	

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PLEASE READ THE FOLLOWING CAREFULLY AND SIGN WHERE INDICATED

The preceding statements and answers are true to the best of my knowledge. I understand that any misrepresentation, false statements or omission of material facts is cause for denial of benefits under any applicable State Workers' Compensation Act or other employment related benefits relating to work related injuries.

I understand that no weapons, firearms, alcohol or drugs are permitted on company premises. I understand that being under the influence of alcohol or having identifiable traces of illicit drugs in my system during work hours is prohibited. I agree to abide by all work and safety rules prescribed by my employer. I further understand that if I am hired, my employment is for no definite period and may be terminated at any time without prior notice, and for any reason or no reason at all.

I authorize investigation of all statements contained in this application and authorize you to contact any person or reference listed to give you any and all information concerning my previous employment. I release all persons from all liability for any damage that may result from furnishing information to you in connection with this application. I authorize the employer to provide any information in this application or in its files in whole or in part to any other employer, insurance agency, or other party with a legal and proper interest, and I release the employer from any liability resulting from furnishing such information.

I understand that a drug test may be required if an offer of employment is extended to me. I understand that any such offer of employment, will be conditional on passing the drug test. I also understand that for any regularly scheduled physical examination thereafter, a drug test may be part of the physical. I also understand that drug testing may take place in accordance with Iowa law at any time the employer has probable cause to believe that my faculties are impaired on-the job.

Under the provisions of the Fair Credit Reporting Act, notice is given that an investigative consumer report may be made which may include information pertaining to the applicant's credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. Under the Act the applicant has the right to request the employer to make a complete and accurate disclosure of the nature and scope of the investigation requested. The request must be in writing and submitted within a reasonable period of time after the application. The company will respond in writing, mailed or otherwise delivered, to you not later than five days after the date on which the request was received from you or such report was first requested by the employer, whichever is later.

Upon hire, an applicant will be required to provide information for compliance with the Immigration Reform and Control Act.

Date: _____ Signature: _____

Diversified Technologies, Inc. and subsidiaries are Equal Opportunity Employers

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS AREA

INTERVIEWED BY		DATE
REMARKS		
ABILITY		NEATNESS
HIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION	DEPARTMENT
DATE REPORTING TO WORK		SALARY/WAGE

APPROVED 1: _____
EMPLOYMENT MANAGER

APPROVED 2: _____
DEPARTMENT HEAD

APPROVED 3: _____
GENERAL MANAGER