

**L and W Quarries, Inc.**  
112 West Maple  
P. O. Box 335  
Centerville, Iowa 52544  
515-437-4830

Job Applied for \_\_\_\_\_ Date \_\_\_\_\_

**A. PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Number where you can be contacted \_\_\_\_\_

Are you at least 18 years of age? YES NO

What is your military status? \_\_\_\_\_

Are you prevented from becoming employed because of visa or immigration status? YES NO  
(If NO, be prepared to provide proof of citizenship or legal residence and work permit to interviewer.)

Will you be able to perform the essential functions of the position for which you have applied? YES NO  
If NO, what accommodation to this condition would make it possible for you to do this job? \_\_\_\_\_

Do you speak, read or write fluently a language other than English? YES NO  
If Yes list language(s) \_\_\_\_\_

**B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK**

On what date would you be available for work: \_\_\_\_\_

Are you available to work: FULL TIME PART TIME TEMPORARY

Are you on a lay-off and subject to recall? YES NO

If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? YES NO

If YES, please specify the type of license: OPERATORS LICENSE or COMMERCIAL DRIVERS LICENSE

List the following: License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had a motor vehicle accident or a moving violation in the past 3 years? YES NO

If YES, please explain \_\_\_\_\_

What types and makes /models of construction equipment can you operate or repair?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any craft training programs in which you have participated \_\_\_\_\_  
\_\_\_\_\_

LIST PREVIOUS EMPLOYMENT (LIST PRESENT OR LAST JOB FIRST)

DATES	EMPLOYER	ADDRESS	JOB HELD/DUTIES	WAGE/RATE	REASON FOR LEAVING

**C. SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you attended High School, Vocation/Technical School or College?    YES    NO  
 If YES, please specify \_\_\_\_\_

**D. GENERAL**

Who should be notified in case of emergency?

\_\_\_\_\_

NAME	ADDRESS	PHONE NUMBER
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"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal, and I agree to hold my employer harmless in the event of my dismissal based thereon.

I authorize investigation of all statements contained herein and to do background checks to give you and all information concerning my previous employment and any pertinent information they may have, confidential or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I realize that under certain provisions of Iowa law, pre-employment drug testing could be a condition of my employment. I also acknowledge that the employer may require drug testing at a subsequent time providing that proper advance notice of testing is provided.

I also recognize that I could be offered employment subject to appropriate medical examination and that such a report could nullify my ultimate employment by this employer. I agree to submit to physical examination if required.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the method of payment of my wages and salary, be terminated at any time without prior notice. If employment is obtained under this application, I will comply with all the rules and policies of my employer."

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This employer does not discriminate in hiring or employment on the basis of age, race, color, sex, religion, national origin or handicap.*

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER