

THE PRO-LINE co., INC.

1385 Hwy 63 – P.O. Box 9
New Sharon, IA 50207

Date of Application ____/____/____

Position(s) applied for _____ Referred by _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Phone _____ Mobile/Other Phone _____

Salary Requirements \$ _____ /per _____ Date available for work ____/____/____

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed by The Pro-Line Company, Inc. before? Yes No

Are you legally eligible for employment in this country? Yes No

Type of employment desired Full-Time Part-Time Temporary

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

Driver's license number if driving is an essential job function _____ State _____

Work Experience List present and former employers beginning with the most recent

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND PHONE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT THIS EMPLOYER?			
REASON FOR LEAVING		HOURLY RATE/SALARY	
		\$ _____ /PER	
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND PHONE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT THIS EMPLOYER?			
REASON FOR LEAVING		HOURLY RATE/SALARY	
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IMMEDIATE SUPERVISOR AND PHONE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT THIS EMPLOYER?			
REASON FOR LEAVING		HOURLY RATE/SALARY	
		\$ _____ /PER	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Record of Education

NAME AND LOCATION	YRS COMP.	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE			DEGREE	
OTHER				

Personal References (NOT RELATIVES OR FORMER EMPLOYERS)

NAME	PHONE	YEARS KNOWN

Please read carefully before signing

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTERESTS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE FROM EMPLOYMENT.

I GIVE THE PRO-LINE COMPANY, INC. THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM FORMER EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I'M HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

Your signature acknowledges you have read and agree to the material above.

Applicant's Signature _____ ***Date*** ____/____/____

AN EQUAL OPPORTUNITY EMPLOYER