

Swan Packing, Inc.

700 Corning Ave, Des Moines, IA 50313

Application for Employment

PERSONAL

Date: _____

Full Name:

First

Middle Initial

Last

Current Address:

Street

Apt #

City

State

Zip

Telephone Number: ()

Social Security Number: - -

Are you 18 years of age or older?

Yes

No

Are you legally able to work in the United States?

Yes

No

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?

Have you been convicted of a crime in the past ten years?

Yes

No

If Yes: Misdemeanor? Felony? Explain: _____

EMPLOYMENT DESIRED

Meat Cutter

Packaging

Other: _____

Date you can start: _____

Wage Desired: \$ _____

Can you work full time and sometimes overtime (10 Hrs a day / Saturday)?

Yes

No

Have you ever worked for us before?

Yes

When: _____

No

Names of friends or relatives who work at Swan: _____

Special skills or training: _____

I am able to perform all duties listed in the job description I am applying for, including repetitive arm, wrist, and shoulder movements, and lifting of weights over 60 pounds. I have no undisclosed medical conditions.

Agree

Disagree

Signature: _____

Federal and Iowa law prohibit discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran's status. Iowa law also prohibits discrimination on the basis of sexual orientation and gender identity.

EMPLOYMENT HISTORY

(List employers, starting with the current or most recent. Explain all gaps in time of employment..)

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Rate of Pay: \$ _____

Detailed Job Duties: _____

May we contact your previous supervisor for a reference? Yes No

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Rate of Pay: \$ _____

Detailed Job Duties: _____

May we contact your previous supervisor for a reference? Yes No

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Rate of Pay: \$ _____

Detailed Job Duties: _____

May we contact your previous supervisor for a reference? Yes No

Reason for Leaving: _____

The information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue me in the future. I also understand that I must abide by the terms of the employee handbook. My employers, as listed, may be contacted regarding my personal work history.

Signature: _____ Date of Application: ____ / ____ / ____
