



Schuster Co.
 2605 Lincoln Ave SW
 P.O. Box 1110
 Le Mars, Iowa 51031
 Phone 800.831.4832
 Fax 712.546.2863

EMPLOYEE APPLICATION FORM

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

Name: _____
First Middle Last

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: _____ Email Address: _____

Referred by: _____ Are you 18 years of age or older? _____

EMPLOYMENT DESIRED

Position: _____ Start date: _____ Salary Desired: _____

Are you employed now? _____ May we inquire of your Present Employer? _____

Have you applied to this Company before? _____ When? _____

EDUCATION

Name and Location of School

Circle Last Year Completed

Did You Graduate?

Subjects Studied & Degree(s) Received

Grammar School				
High School		1 2 3 4		
College		1 2 3 4		
Trade, Business or Correspondence School		1 2 3 4		
Other				

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills _____

Other Activities _____

EMPLOYMENT HISTORY

List below your last four employers, starting with the most recent first.

EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip	SALARY / WAGE	
Contact Person	Phone	REASON FOR LEAVING	
EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip	SALARY / WAGE	
Contact Person	Phone	REASON FOR LEAVING	
EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip	SALARY / WAGE	
Contact Person	Phone	REASON FOR LEAVING	
EMPLOYER		DATE	
Name		FROM MO. YR.	TO MO. YR.
Address		POSITION HELD	
City	State Zip	SALARY / WAGE	
Contact Person	Phone	REASON FOR LEAVING	

REFERENCES

List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documentation confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify the facts contained in this application (and accompanying resume and cover letter, if any) are true and complete to the best of my knowledge. I understand any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand my employment or continued employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies and procedures, in whole or in part, at any time.

Signature: _____ Date: _____