

A-1 Rental, Inc

737 1st Ave SW
Cedar Rapids, IA 52405
www.a1rentalwest.com

Application for Employment

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Date ___/___/___

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
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Are you employed now? YES NO If so, may we contact your present employer? YES NO
Do you have a valid Iowa driver's license? YES NO

Have you ever applied to this company before? | Where? | When?
YES NO

Personal Information

Last Name First Name Middle Name

Address (number, street, city, state, zip code)

Social Security Number Telephone Number Referred By Are you 18 or older?

In case of emergency, contact:

Name _____
Address _____
Phone _____

Education

High School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	

General

Special courses or training

Experience/Skills related to the position for which you are applying

State any additional information you feel may be helpful to us in considering your application

References

List below 3 people not related to you, whom you have known for at least one year.

Name	Address	Phone number	Position	Years acquainted

Employment History (list present or most recent positions first)

Name of Employer _____ Address (Number, Street, City, State, Zip Code) _____

Phone _____ Type of Business _____ Department _____ Your Position _____

Duties _____

Name and Position of Immediate Supervisor _____

Date Employed (Day, Month, Year) _____ Date Left (Day, Month, Year) _____ Starting Salary _____ Final Salary _____

Reason for Leaving _____

Name of Employer _____ Address (Number, Street, City, State, Zip Code) _____

Phone _____ Type of Business _____ Department _____ Your Position _____

Duties _____

Name and Position of Immediate Supervisor _____

Date Employed (Day, Month, Year) _____ Date Left (Day, Month, Year) _____ Starting Salary _____ Final Salary _____

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Reason for Leaving _____

Authorization

I authorize an investigation of my driving record and a background check to determine if I have a criminal record. I understand that I may be asked to take a drug test as a requirement for employment, and that continued drug testing may be required if I am employed.

I authorize an investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without case and without any previous notice.

Date _____ Signature _____