

EMPLOYMENT APPLICATION

O'Halloran International, Inc
P.O. Box 1804
Des Moines, IA 50306

**WE USE PRE-EMPLOYMENT
DRUG SCREENING**

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section on the back of this page.
4. Print clearly: incomplete or illegible applications will not be processed.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PRIOR ADDRESS: _____
STREET CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-time Part-time Temporary Labor pool

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than above, please enter that name: _____

NAME	CITY/STATE	GRADUATE?	DEGREE?

SECURITY

List states and counties of residence for the past seven years. _____

Yes No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back.

Yes No Have you been convicted of, or served time for a felony in the past seven years? If so, please describe below.
(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent _____

Yes No If the job requires, do you have the appropriate valid drivers license?

DL# _____ Type _____ State of issue _____

Yes No Have you had any moving violations? Please describe _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation.

PREVIOUS EMPLOYERS

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if you need. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

Company Name _____	City _____	State _____	
FROM _____ TO _____	Job Title _____	Supervisor Name _____	
Duties _____			
Salary _____ PER _____	Reason for leaving _____		

PHONE ()
 FAX ()

SECOND MOST RECENT EMPLOYER

Company Name _____	City _____	State _____	
FROM _____ TO _____	Job Title _____	Supervisor Name _____	
Duties _____			
Salary _____ PER _____	Reason for leaving _____		

PHONE ()
 FAX ()

THIRD MOST RECENT EMPLOYER

Company Name _____	City _____	State _____	
FROM _____ TO _____	Job Title _____	Supervisor Name _____	
Duties _____			
Salary _____ PER _____	Reason for leaving _____		

PHONE ()
 FAX ()

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN / RELATIONSHIP

COMMENTS

ASK FOR ADDITIONAL PAGE, IF NECESSARY

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application of discharge at any time during my employment. I authorize the company and / or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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