



515 East Broadway • P.O. Box 258
Keota, IA 52248

(641) 636-3014
FAX (641) 636-2117

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientations, or any other legally protected status.

Position applied for _____ Date of application _____

Name _____
(last) (first) (middle)

Address _____
(street) (city, state, zip)

Telephone Number _____ Social Security Number _____

If necessary, the best time to call you at home _____

May we contact you at work? _____ The best time to call? _____

Have you ever filed for an application here before? _____ When? _____

Have you ever been employed here before? _____ When? _____

Are you currently employed? _____ May we contact your present employer? _____

Are you legally eligible for employment in this country? _____

Date available for work _____

Type of employment desired: Full time _____ Part time _____ Temporary _____ Seasonal _____

Are you on lay-off and subject to recall? _____

Are you able to meet the attendance requirements of the position? _____

Will you work overtime when required? _____

Have you been convicted of a felony in the last 7 years? (Such conviction may be relevant if job related, but does not bar you from employment) _____ Explain: _____

EDUCATION

List last 3 schools attended, starting with the last one:

Name & Address of School	Course of Study	Years Completed	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military assignments. Additionally, include any welding, mechanical, painting or other job-related skills.

1. Employer _____

Address _____

Telephone Number _____ Hourly rate (from) _____ (to) _____

Date employed (from) _____ (to) _____

Job Title _____ Supervisor _____

Reason for leaving _____

Work performed/responsibilities _____

2. Employer _____

Address _____

Telephone Number _____ Hourly rate (from) _____ (to) _____

Date employed (from) _____ (to) _____

Job Title _____ Supervisor _____

Reason for leaving _____

Work performed/responsibilities _____

EMPLOYMENT EXPERIENCE

3. Employer _____
Address _____
Telephone Number _____ Hourly rate (from) _____ (to) _____
Date employed (from) _____ (to) _____
Job Title _____ Supervisor _____
Reason for leaving _____
Work performed/responsibilities _____

4. Employer _____
Address _____
Telephone Number _____ Hourly rate (from) _____ (to) _____
Date employed (from) _____ (to) _____
Job Title _____ Supervisor _____
Reason for leaving _____
Work performed/responsibilities _____

Skills and Qualifications - Summarize any special skills and qualifications acquired from employment or other experiences that may qualify you to work with Ray-Man: _____

REFERENCES

Name	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Further more, I understand that just as I am free to resign at any time, Ray-Man reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Ray-Man has the authority to make any assurances to the contrary.

I give Ray-Man the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Ray-Man and its representatives for seeking such information and all other persons, corporation or organizations for furnishing such information.

Ray-Man is an Equal Opportunity Employer. Ray-Man does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from Ray-Man and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of applicant _____ Date _____

Iowa's Smokefree Air Act

Effective: July 1, 2008

To comply with Iowa's Smokefree Air Act, Ray-Man, Inc. prohibits all employees from smoking inside the buildings (offices, breakroom, restrooms and shop floor). In addition, smoking is prohibited in all company vehicles.

Smoking is allowed outside of the buildings, on the lots and in your personal vehicles.

Any person smoking in a "no smoking" area will be asked to stop smoking immediately.

For more information about the Smokefree Air Act: www.IowaSmokefreeAir.gov

For more information about programs to quit smoking call 1-800-784-8669 or www.quitlineiowa.org.