



## Employment Application for TimberPine Inc.

18863 Jewell Dr  
 Earlham, IA 50072  
 515-834-2712

515-834-2778 Fax

Date of Application \_\_\_\_\_

### Personal Information

Name	Date of Birth:
Address, City, State, zip	Social Security Number:
Phone	Do you have a valid Iowa drivers license? Yes or No (circle one)
Alt phone	Desired salary/wage?

### Employment Desired

Position	Available for work? (circle all) S M T W T F S	Full or Part-time
Are you employed now?	May we contact your current employer?	

### Education History

Name/Location of School	Years Attended	Graduate?	Subjects Studied / Major
High School			
College/Trade School/Military			

### Skills

Type	Months/years	Description
Skidloader & type		
Machinery		
Truck Driver		
Supervisory		
Sales/Office		
Landscaping		
Greenhouse/Nursery		
Farm		
Other		

### Former Employers

Dates Month & Year	Name & Address of Employer	Salary or Wage	Position	Reason for Leaving
From		Start		
To		Finish		
From		Start		
To		Finish		
From		Start		
To		Finish		

# References

Name	Address	Business	Years known	Telephone #

Are you at least 18 years of age and legally eligible to work in the United States?      Yes      No  
(Proof of citizenship or immigration status will be required upon employment)

Have you ever been discharged or asked to resign from a job?      Yes      No  
 If yes explain. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony?      Yes      No  
 If yes explain. \_\_\_\_\_  
 \_\_\_\_\_

### Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all statements contained herein, and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hired?	Position	Start date:	Salary
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