



Chamness Technology Inc.

Bio Services to Grow On®

An Equal Opportunity Employer

Application for Employment

Pre-Employment Questionnaire

Please Attach Your Resume

2255 Little Wall Lake Road
Blairsburg, IA 50034

Phone: 515-325-6133

Fax: 515-325-6134

PERSONAL INFORMATION

DATE _____

Name: _____
(last, first, middle)

Social Security #: _____

Present Address: _____
(street) (city) (state) (zip)

Permanent Address: _____
If same as above, mark "Same" (street) (city) (state) (zip)

Phone: _____

Are you 18 yrs. or Older? Yes No

Are you prevented from lawfully becoming employed in this
country because of visa or immigration status?

Yes No

EMPLOYMENT DESIRED

Position _____

Are you available: Full Time Part Time Temp

Are you
employed now? _____

If so, may we inquire
of your present employer? _____

Date you
can start? _____

Salary
desired? _____

Ever applied to this company before? _____

Where? _____

When? _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In _____ Agency
_____ Other Please describe _____

EDUCATION	NAME/LOCATION OF SCHOOL	NO. OF YRS ATTENDED	GRADUATED?	STUDIED?
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

Training or experience in repair and maintenance: _____

Management responsibilities: _____

Special skills: _____

Special Licenses (CDL & Class, Plumbing, Electrical, etc.): _____

Activities (civic, athletic, etc.): _____

EXCLUDE ORGANIZATIONS IF THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. Military or
Naval Service _____

Rank: _____ Present Membership in
National Guard or Reserves? _____

Continued on Other Side

FORMER EMPLOYERS: (LIST BELOW PAST EMPLOYERS, STARTING WITH LAST ONE FIRST)

NOTE: DOT requires that Employment for the last three years and/or Commercial Driving Experience for the past 10 years be shown

MONTH & YEAR	NAME & ADDRESS	SALARY	POSITION/DUTIES	SUPERVISOR'S NAME	REASON FOR LEAVING
From					
To					
From					
To					
From					
To					
From					
To					

REFERENCES: LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED

LICENSE STATUS: Certain positions require a specific valid driver's license. License status will determine ability to legally drive a company vehicle. Must be insurable to drive a company vehicle.

QUALIFICATIONS & EXPERIENCE

DRIVER OR PROFESSIONAL LICENSE	STATE	LICENSE NO.	DOB	TYPE	EXPIRATION DATE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR TWO TRAILERS				
OTHER				

(continued on other side)

ACCIDENT RECORD: PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-On, Read End, Upset, Etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS: CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? yes? ___ no? ___
- B. Has any license, permit or privilege ever been suspended or revoked? yes? ___ no? ___

If the answer to A or B is Yes, please give details below:

IT IS UNLAWFUL IN THE STATE OF MARYLAND/MASSACHUSETTS (PLEASE CIRCLE ONE) TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT

IN CASE OF EMERGENCY, NOTIFY:

NAME	ADDRESS	RELATIONSHIP	PHONE #

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AND I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO CONTRACT OR AGREEMENT, WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO MODIFY THESE TERMS AND CONDITIONS.

Date _____ Signature _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

(continued on other side)

RELEASE AUTHORIZATION

I. In connection with any application for employment, I understand that an investigation consumer may be requested that will include information as to my character, work habits, performance, and along with reasons for termination of past employment. I understand that as directed by and consistent with the job described, you may be requesting information from public at my workers' compensation injuries, driving record, criminal record, education, ent.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Reporting Act, I am entitled to know if employment is denied because of information obtained by employer from a consumer reporting agency. If so, I will be notified and be given the the source of information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be provided as the al. This release is valid for most federal, state and county agencies including the Minnesota t of Labor.

IV. MINNESOTA APPLICANTS ONLY: If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you and the address below your signature.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service u, school, employer or insurance company contacted by Chamness Technology, Inc. or its hired ve to furnish the information described in Section I.

Date: _____

Signature: _____

Print your full name: _____

Social Security Number: _____

Driver's License Number: _____

FOR OFFICE USE ONLY

Interviewed by _____

Date _____

Job Title _____

Rate of Pay _____

Start Date _____

Supervisor signature who hired _____