

Employer Name: _____ Phone Number: (____) _____

Address: _____

Number Street City State Zip Code
Position Title: _____ Start Date: _____ End Date: _____ Ending Wage: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____ May we contact? Yes No

Description of job responsibilities and/or accomplishments: _____

Employer Name: _____ Phone Number: (____) _____

Address: _____

Number Street City State Zip Code
Position Title: _____ Start Date: _____ End Date: _____ Ending Wage: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____ May we contact? Yes No

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Reason for Leaving: _____ May we contact? Yes No

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BUSINESS/PROFESSIONAL REFERENCES (List 3)

Name: _____ Email: _____ Phone Number: (____) _____

Address: _____

Number Street City State Zip Code

Title & Company: _____ Years Known: _____

What this person would say about you: _____

Name: _____ Email: _____ Phone Number: (____) _____

Address: _____

Number Street City State Zip Code

Title & Company: _____ Years Known: _____

What this person would say about you: _____

Name: _____ Email: _____ Phone Number: (____) _____

Address: _____

Number Street City State Zip Code

Title & Company: _____ Years Known: _____

What this person would say about you: _____

ADDITIONAL INFORMATION THAT MAKES YOU A GOOD CANDIDATE FOR THIS POSITION

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: _____ Date: _____

Cobett Company
601 Highway 169 / PO Box 127
Lorimor, Iowa 50149

List any professional groups, trade groups, or other organizations you belong to that you consider relevant to your ability to perform the job(s) for which you are applying.

List any special skills that you consider relevant to your ability to perform this job.

List experience from your military service that would be relevant to the job(s) for which you are applying.

Have you ever been convicted of any crime and/or felony? (For purposes of this question, convicted includes plead guilty, plead no contest or been given a deferred sentence or judgment. This would include any current withstanding court decisions.)

Yes No If Yes, please explain _____

(Note: A conviction will not automatically disqualify an applicant for a particular job, and that the type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.)

Answer these questions only if you have received a copy of the job description or had the requirements of the job thoroughly explained to you:

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

Yes No Do you understand the requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodations?

Yes No If the job requires, do you have an appropriate valid driver's license?

Driver's License Number _____ Type _____ State of Issue _____

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

Applicant Signature(Required)

Date(Required)

Cobett Company
601 Highway 169 / PO Box 127
Lorimor, Iowa 50149

I UNDERSTAND:

- That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.
- That giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.
- That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by Cobett at the post-offer stage.
- That use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a pre-employment physical examination. I also understand that, if employed, I may be required to submit to an alcohol or drug screening according to state law, including random drug testing throughout employment.
- That if I sustain any injury or illness while in the employment of Cobett, I agree that Cobett shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to Cobett full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.
- That if hired, Cobett can confirm through the SSA/DHS that I am authorized to work in the United States.
- That this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

AUTHORIZATION TO RELEASE INFORMATION

If I am given a conditional offer of employment, I authorize Cobett to make a complete investigation of me, including but not limited to: my past employment history, medical history, scholastic records, criminal records/activity, abuse records, motor vehicle driving records, workers' compensation history and receive the results of any physical examination, including the results of alcohol or drug screening, I may be required to undergo, and to rely on such information sources.

I understand that this company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to this company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

I understand if employment is obtained under this application, I will comply with all rules and policies of the company. I agree to be responsible for company property and equipment issued to me by the company until returned by me. I agree to pay for property and equipment not returned and authorize the company to withhold an amount equal to the value of property not returned by me from my final pay.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that this company follows an "employment at will" policy that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

APPLICANT SIGNATURE(Required)

DATE(Required)