



- APPLICATION FOR EMPLOYMENT -

(Please Print)

CJ Moyna & Sons, Inc. | 24412 Hwy 13 | Elkader, IA | Phone: (563)245-1442 | Fax: (563)245-1443

www.cjmoyna.com

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application completely and truthfully. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills and a drug test is required.

Job Applied For: _____ Date: _____

A. PERSONAL INFORMATION

Form with fields for First Name, Middle Name, Last Name, Social Security Number, Current Address, Previous Address, and language fluency questions.

B. TRAINING, EXPERIENCE, AND READINESS TO WORK

Form with questions about availability, work preferences, driver's license, and craft training programs.

C. CRIMINAL HISTORY & PAST EMPLOYMENT HISTORY

Form with questions about criminal history and a detailed section for past employment experience.

Table with 4 columns: Employer, Job Title, Address, Reason for Leaving, Duties, From/To dates, May we contact employer?, Starting/Ending Pay, Supervisor, and employment type checkboxes.

Employer:		Job Title:	
Address: (Number/Street/City/State/Zip Code)		Reason for Leaving:	
Duties:			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
From: (Month/Year)	To: (Month/Year)	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone #: (____)____-_____	
Starting Pay:	Ending Pay:	Supervisor:	

Employer:		Job Title:	
Address: (Number/Street/City/State/Zip Code)		Reason for Leaving:	
Duties:			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
From: (Month/Year)	To: (Month/Year)	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone #: (____)____-_____	
Starting Pay:	Ending Pay:	Supervisor:	

D. REFERENCES

Include only individuals familiar with your work ability. Do not include relatives. List your three most recent positions held, starting with the most recent employer first.

NAME	PHONE	YEARS KNOWN/RELATIONSHIP

E. SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. _____

Do you have your own craft tools, clothing, and other equipment? Yes No

Have you attended High School, Vocation/Technical School or College? Yes No

If YES, please specify:

	SCHOOL NAME	CITY/STATE	DIPLOMA/DEGREE
High School	Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED		
College/Technical School			

F. CERTIFICATION AND RELEASE

I certify that the information contained in this application is true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I understand and agree that, if hired, my employment is for no definite period and either I or CJ Moyna & Sons, Inc. can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Mobile Track Solutions L.L.C., I will be required to pass a drug test as a condition of employment. I hereby agree to submit to such an examination by Mobile Track Solutions L.L.C. and permit disclosure of the results to Mobile Track Solutions L.L.C.

Signature: _____

Date: _____

CJ Moyna & Sons, Inc. is an equal employment opportunity employer. CJ Moyna & Sons, Inc. does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected under federal laws and the laws of the State of Iowa.



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- Voluntary Survey -

CJ Moyna & Sons, Inc. is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for our jobs. The information you supply will be used for statistical purposes only. If you are offered employment with CJ Moyna & Sons, Inc. this information will not be used as employment criteria. CJ Moyna & Sons, Inc. is an equal employment opportunity employer supporting diversity in the workplace. Thank you for your cooperation in completing this form.

Information

Name: _____ Phone: () - _____

Address: _____

Date: _____ Position Applied for: _____

Sex: Male Female

Ethnic Origin: White Hispanic American Indian Black Asian/Pacific Islander Other: _____

Check all that may apply: Qualifying Veteran for Veterans Preference Disabled Veteran Disabled Individual

A "qualifying veteran for Veterans' Preference" is any veteran that spent 180 or more consecutive days in the military between:

- (1) September 11, 2001 and the future date prescribed by Presidential proclamation as the last date of Operation Iraqi Freedom
- (2) August 2, 1990 and January 2, 1992
- (3) January 31, 1955 and October 15, 1976
- (4) April 28, 1952 and July 1, 1955

A disabled veteran is defined by law as a person who has been determined to have a serious employment disability, or person who was discharged or released from active duty because of a service-connected disability.

The term "serious employment disability" means a significant impairment of a veteran's ability to prepare for, obtain, or retain employment consistent with such veteran's abilities, aptitudes, and interests.

An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having a disability.

How did you learn about this position?

Advertisement (what type _____) Friend Relative Social Media Walk-in
 Employment Agency (agency name _____) Other _____

Signature: _____ Date: _____