

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.



**Sukup Manufacturing Company**  
 PO Box 677, 1555 255th St. Sheffield, IA 50475  
 ph: 641-892-4222 • fax: 641-892-4629  
 website: [sukup.com](http://sukup.com) • email: [employment@sukup.com](mailto:employment@sukup.com)

PERSONAL	Last Name		First	Middle	Date
	Street Address				Social Security #
	City, State, Zip				Home Phone ( )
	What is the best way to contact you?				Business Phone ( )
	How long have you resided at your present address?				Mobile Phone ( )
	What was your former address?				How long at former address?
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Month and Year				Email Address
	Position desired?				Pay expected per week?
	Are you able to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary				Overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?				Date when able to start work
	If hired, can you provide proof that you are 18 years of age?				Do you smoke?
	Special training or skills (machine operation, CDL, etc.)				
	Are you capable of performing the necessary assignments, of the position applied for, in a safe manner? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Have you ever been convicted of a felony or a misdemeanor in the last 5 years that carried a jail sentence?				
	List any professional, trade, or service organizations in which you are a member:				
Do you have any relatives already employed by this company? If yes, please name them:					
Who referred you for a position here?					

LIST your Academic, Vocational or Professional Education, and the Public and Private Schools you attended:

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College					
	High					
	Other					

# EMPLOYMENT RECORD

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	Company Name	Telephone (    )
	Complete Address	Employed (state month and year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State job title and describe your work	Reason for leaving

<b>2</b>	Company Name	Telephone (    )
	Complete Address	Employed (state month and year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State job title and describe your work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>
	Employer Number(s) _____ Reason _____

<b>M I L I T A R Y</b>	<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>	Branch of service
	Describe your duties and any special training relevant to position applied for:	Period of active duty (month and year) From                      To
		Rank at discharge
		Date of final discharge

## PERSONAL REFERENCES (not former employers or relatives)

Name and Occupation	Complete Address	Phone Number

Person to be notified in case of an accident or emergency: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

<b>S I G N A T U R E</b>	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Sukup Manufacturing Company reserves the right to terminate an employee, at will, with or without cause, and an employee has the right to terminate his or her employment with or without cause.	
	_____ Date	_____ Signature

*I hereby consent to drug testing as part of the pre-employment physical, and if employed, to any further legally allowable drug testing.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature