



**JACOBSON-WESTERGARD
& ASSOCIATES, INC.**

Consulting Engineers & Land Surveyors

105 South 6th Street
Estherville, IA 51334

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Personnel Director

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EMPLOYEE APPLICATION FORM
(Please print)

Name _____ Social Security # _____

Address _____

Telephone Number _____ Date of Birth _____

Emergency contact _____ Phone _____

Who referred you to this company? _____

Names of relatives employed by JW&A _____

Have you ever been convicted of a felony relative to the job for which you are applying?
___ Yes ___ No

Have you worked for this company before? ___ If yes, when _____

Reason for leaving _____

Please list all education/training (high school, college, military, etc.) relevant to the position for which you are applying.

Name & Location		Dates Attended		Graduation Date	Major Subjects	Degree
		From	To			
High School						
College						
Other						

High School class standing or grade point average _____ College GPA _____

WORK HISTORY (Include U.S. Military Service as an employer, showing type of discharge)

Name of <u>Present</u> or <u>Last</u> Employer			Address	
Starting Date: _____	Leaving Date: _____	Starting Pay \$ _____	Final Pay \$ _____	Reason for Leaving
Job Title (Present or Last)	Name of Supervisor:	Supervisor's Title:	May we contact? ____	Phone Number _____
Description of work and responsibilities:				

Name of <u>Next Previous</u> Employer			Address	
Starting Date: _____	Leaving Date: _____	Starting Pay \$ _____	Final Pay \$ _____	Reason for Leaving
Job Title (Present or Last)	Name of Supervisor:	Supervisor's Title:	May we contact? ____	Phone Number _____
Description of work and responsibilities:				

Name of <u>Next Previous</u> Employer			Address	
Starting Date: _____	Leaving Date: _____	Starting Pay \$ _____	Final Pay \$ _____	Reason for Leaving
Job Title (Present or Last)	Name of Supervisor:	Supervisor's Title:	May we contact? ____	Phone Number _____
Description of work and responsibilities:				

Are you willing to submit to a physical examination? Yes ____ No ____

Do you have any physical handicaps or limitations that will preclude you from performing the job for which you are applying? Yes ____ No ____

List three references who are not relatives or former employers:

Name	Phone	Occupation	Years Known
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Name	Phone	Occupation	Years Known
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Name	Phone	Occupation	Years Known
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Position desired:

Are there any experiences, skills or qualifications which you feel would especially fit you for work with this company (including operation of office machines, etc.)?

Do you hold any licenses or certificates? _____ Describe _____

EMPLOYEE AGREEMENT:

- I agree that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal.
- I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
- I acknowledge that if I become employed, I will be free to resign at any time for any reason, and that management similarly retains the right to terminate my employment at will.

Date _____ Signature _____

THIS SECTION TO BE FILLED OUT BY EMPLOYER ONLY AFTER HIRE:

Job Title _____ Salary _____

Start Date _____