



## APPLICATION FOR EMPLOYMENT

Independence Premium Foods is an equal opportunity employer. Independence Premium Foods does not discriminate in employment regarding race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

### PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

E mail Address \_\_\_\_\_

example@example.com

Phone Number \_\_\_\_\_

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you will be required to provide authorization to work.) Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Do you have any relatives or acquaintances currently employed at Independence Premium Foods? Yes No

If yes, please provide their name(s) and your relationship with them ?

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*This information is requested to help us manage potential conflicts of interest and will not impact your application status.*

Do you have reliable Transportation? Yes No

Current job title /Business \_\_\_\_\_

Current salary \_\_\_\_\_

Rason for leaving \_\_\_\_\_

Can we contact your most recent or current employer? Yes No

### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_

What shift do you prefer to work ? \_\_\_\_\_ Can you work any shift? Yes No

If no, explain \_\_\_\_\_

Hourly rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

What's the most important thing you look for in an employer?

\_\_\_\_\_

## Education

High School Name and location \_\_\_\_\_

College or University - Name and location of school - Degree Received - Subjects studied/Major. \_\_\_\_\_

## Employment History

*Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.*

**Employer Name** \_\_\_\_\_

Employer's Address \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employer Name** \_\_\_\_\_

Employer's Address \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Employer Name** \_\_\_\_\_

Employer's Address \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving \_\_\_\_\_



Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Independence Premium Foods to hire me. If I am hired, I understand that either Independence Premium Foods or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Independence Premium Foods has the authority to make any assurance to the contrary. With my signature below that I have given Independence Premium Foods true and complete information on this application. No requested information has been concealed. I authorize Independence Premium Foods to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.**

For more information please contact:  
HR@ipfiowa.com