

## Meskwaki, Inc. and Subsidiaries

### Job Application

**PLEASE NOTE:** It is important that you complete all parts of this application. If your application is incomplete or does not clearly show the experience and/or training required, your application **WILL NOT** be accepted. If you have no information to enter in a section, please write **N/A**.

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days and hours available to work							
<input type="checkbox"/> No preference	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking:		<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time		<input type="checkbox"/> Temporary	
How many hours can you work weekly?				Can you work nights?		Date available to begin:	
Additional Information							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
Are you a member of a Federally recognized Indian Tribe or Alaskan Native Group?				<input type="checkbox"/> Yes Please list tribe or group:			<input type="checkbox"/> No
				<input type="checkbox"/> Enrolled <input type="checkbox"/> Descendant			
What position are you applying for?						Desired Wage	
In case of an emergency Notify:				Name _____			
Address: _____				Phone: _____			

**Education**

School	Location (Mailing Address)	Years Completed	Major	Degree or Diploma
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**High School**


**College or Business/Trade School**


**Military**

Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Entered:
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge Date:
Do you have a physical or mental condition that require any special accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Accommodations:

## Work Experience

Please list ALL work experience beginning with you most recent job held. Attach additional sheets if necessary.

Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Wage
City, State, and Zip Code	End Date	Final Wage
Phone Number	Your last job title	

Reason for leaving (be specific)

List all jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  Yes  No

Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Wage
City, State, and Zip Code	End Date	Final Wage
Phone Number	Your last job title	

Reason for leaving (be specific)

List all jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  Yes  No

## Work Experience (continued)

Company	Name of Last Supervisor	Hrs/Week
Address	Start Date	Starting Wage
City, State, and Zip Code	End Date	Final Wage
Phone Number	Your last job title	
Reason for leaving (be specific)		
List all jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## References

Please include name, phone number, and circumstances of your acquaintance. <b>Professional References only</b>	
1.	
2.	
3.	
4.	
<i>I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. I also understand that by signing this document I consent to a pre-employment back ground screening.</i>	
Signature	Date: