



1611 E 2nd St., PO Box 280
 Webster City, IA 50595
 (515) 832-1130
 www.webstercitycustommeats.com

OFFICE USE ONLY	
Interview	_____
Physical	_____
Start date	_____
Department	_____
PT or FT	_____

Webster City Custom Meats, Inc. is an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, disabled veterans, or veterans of the Vietnam era.

GENERAL INFORMATION:				
Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Home Phone Number (with area code)		Cell Phone Number (with area code)		

	<u>YES</u>	<u>NO</u>
Are you at least 18 years old?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the USA or are you legally able to work in the USA?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for Webster City Custom Meats, Inc. before?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you know anyone that works for Webster City Custom Meats?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who?		

Have you ever been convicted of a serious misdemeanor, aggravated misdemeanor or felony crime? If yes, please explain:

Position applying for	Date Available	Full Time or Part Time (check one)
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PERSONAL REFERENCES:			
Name	Phone #	Relationship	Years Acquainted

EDUCATION:**High School (or equivalent)**

School Name	Location	Last year completed	Did you graduate?
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College, Trade School or Other Education

School Name	Location	Last year completed	Did you graduate?
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Major Field of Study / Name of Degree or Certification

Other certifications or skills:

EMPLOYMENT HISTORY (LIST MOST CURRENT FIRST, INCLUDE ANY MILITARY SERVICE)

Employer Name	Current	Dates of Employment (mm/yyyy) FROM _____ TO _____
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Employer Address	Employer Phone Number	Supervisor's Name
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Rate of Pay Beginning _____ Ending _____	Reason for Leaving
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Job Duties

Employer Name	Current	Dates of Employment (mm/yyyy) FROM _____ TO _____
---------------	---------	--

Employer Address	Employer Phone Number	Supervisor's Name
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Rate of Pay Beginning _____ Ending _____	Reason for Leaving
--	--------------------

Job Duties

Employer Name	Current	Dates of Employment (mm/yyyy) FROM _____ TO _____
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Employer Address	Employer Phone Number	Supervisor's Name
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Rate of Pay Beginning _____ Ending _____	Reason for Leaving
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Job Duties

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow WC Custom Meats or any of its representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand these questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment considerations, disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of WC Custom Meats, but realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner be terminated by the company or myself with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a physical examination and drug screening by company physicians after a contingent employment offer is made. This application will be kept in a current file for six months. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

Applicant's Signature _____

Date _____