



IWI MOTOR PARTS

1550 Innovation Drive
Dubuque, IA 52002
Corp Office: 563-556-3914
Fax: 866-890-6265
apply@iwimotorparts.com



Employment Application

Position(s) Applied For:			Date of Application		
How did you learn about IWI? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other					
Last Name		First Name	Initial	Telephone Number	
Address			City	State	Zip Code
E-Mail Address					

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed with IWI before? Yes No

If yes, give date: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

May we contact your references? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

[Proof of citizenship or immigration status will be required upon employment]

On what date would you be available to start work at IWI? _____

You are available to work: Full Time Part Time Temporary

Are you currently on a "lay off" status and subject to recall? Yes No

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

If yes, please explain: _____

Are you willing to take a written pre-employment Profile Assessment? Yes No

Do you have a valid driver's license? Yes No

If yes, please provide driver's license number: _____

[For some positions: Job offer may be contingent on an acceptable Motor Vehicle Record]

Special Skills and Qualification

Summarize special job-related skills and qualifications acquired from employment or other experience.

EDUCATION

Number of years completed including High School, Undergraduate and Graduate education.

List any/all diplomas and/or degrees:

High School: _____ College: _____ Graduate: _____

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EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicates race, color, religion, gender, national origin, handicap or other statuses.

Please show last 10 years of employment. Use additional paper as needed.

Name of Employer		Name of Direct Supervisor	
Address		City	State Zip
Telephone Number(s)	Dates Employed: From _____ To _____		
	Hourly Pay Rate/Salary: Starting: \$ _____ Final: \$ _____		
Job Title or Position			
Work Performed/Duties and Responsibilities			
Reason for Leaving			

Name of Employer		Name of Direct Supervisor	
Address		City	State Zip
Telephone Number(s)	Dates Employed: From _____ To _____		
	Hourly Pay Rate/Salary: Starting: \$ _____ Final: \$ _____		
Job Title or Position			
Work Performed/Duties and Responsibilities			
Reason for Leaving			

REFERENCES

List the name, address and telephone number of three (3) references who are not related to you and were not previous employers or supervisors. Co-workers are acceptable.

1.
2.
3.

AUTHORIZATION AND AGREEMENT

I understand and agree that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal, or if employed, termination from employment. I understand that this is an application and that no employment contract is being offered. I further understand that IWI is an "at will" Employer.

I have read and understand the above.

Signature

Date