



C.W. Suter / Star Control
 1800 11th Street
 Sioux City, IA 51101
 (712) 252-3007

Suter is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state, or federal laws.

For office use only	
Date Received	_____
Interview Date & Time	_____
Department	_____
Interviewers	_____
Hired:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date	_____

**** Any application missing information may not be accepted****

Position(s) Applying For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Alternate Number	
Social Security Number		E-mail Address	
Are you apply for <input type="checkbox"/> Temporary work <input type="checkbox"/> Regular Part-time work <input type="checkbox"/> Regular Full-time work Date Available to Start _____ Hours Available to Work _____		How Did you Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet Job Posting _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____	
Are you over the age of 18?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(Proof of eligibility will be required upon offer of employment)</i>			
What salary or rate do you expect to receive if employed?		_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Can you with or without reasonable accommodation perform the essential functions of this job?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)</i>			
<i>Note: CW Suter complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subjected to a medical examination conducted by a medical professional.</i>			
Have you ever applied for this Company before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please give date.)</i> _____			
Have you ever been convicted of a felony or misdemeanor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(A conviction will not necessarily disqualify you.)</i>			
If yes, please explain:			

Do you have a valid driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of any moving violations in the past five years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____			



Do you have any friends, relatives, or acquaintances working for CW Suter? Yes No
 If yes, please explain: _____

Are you willing/able to submit a pre-employment drug screening? Yes No

Have you ever been fired or asked to resign from a job? Yes No
 If yes, please explain _____

EDUCATION

Name of School	City & State	Course of Study or Major	# of Years Completed	Diploma/Degree Earned
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (do not list any which reflect your race, color, religion, gender, national origin, age, disabilities, or veteran status.)

Describe any specialized training, apprenticeships, licenses, or skills.

Have you received any job-related training in the United States Military? Yes No
 Please give dates and explanations:



EMPLOYMENT HISTORY

- Begin with current or most recent employer. Do not exclude any employment.
- Include any applicable temporary employment, attached additional sheets if necessary.
- Previous salaries or wages will not be used to determine compensation at CW Suter.

Company Name	City & State
Name & Title of last Supervisor/Manager	Phone ()
Start Date MM/YY	Termination Date MM/YY
Starting Salary \$	Ending Salary \$
Describe your title/duties/responsibilities: _____ _____	
Reason for leaving and explanation: _____	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	City & State
Name & Title of last Supervisor/Manager	Phone ()
Start Date MM/YY	Termination Date MM/YY
Starting Salary \$	Ending Salary \$
Describe your title/duties/responsibilities: _____ _____	
Reason for leaving and explanation: _____	

Company Name	City & State
Name & Title of last Supervisor/Manager	Phone ()
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Company Name	City & State
Name & Title of last Supervisor/Manager	Phone ()
Start Date <i>MM/YY</i>	Termination Date <i>MM/YY</i>
Starting Salary \$	Ending Salary \$
Describe your title/duties/responsibilities: _____ _____	
Reason for leaving and explanation: _____	

Company Name	City & State
Name & Title of last Supervisor/Manager	Phone ()
Start Date <i>MM/YY</i>	Termination Date <i>MM/YY</i>
Starting Salary \$	Ending Salary \$
Describe your title/duties/responsibilities: _____ _____	
Reason for leaving and explanation: _____	

Please provide any other information that you feel will help us in considering your application for employment.

In complete sentences, please explain why you are interested in employment with CW Suter and how you believe you can contribute to the success of the company.

REFERENCES

Please list three persons, who are not related to you, who can provide professional references.

Name	City & State	Phone Number	Relationship/Occupation	Years Known



APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

*** PLEASE READ CAREFULLY BEFORE SIGNING ***

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any misleading or incorrect statements may render the application void and would cause for immediate dismissal in the event of employment. I understand and agree that I may resign my employment with CW Suter & Son at anytime for any reason. I understand that full-time employment with CW Suter & Son will be subject to the successful completion of background check and drug screening.

Under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681, et seq., notice is hereby given that a consumer report of investigative consumer report may be made which may include information pertaining to your employment history, education background, credit worthiness, character, general reputation, driving record, criminal record, personal characteristics, and mode of living, which will be used for employment purposes. An investigation into your worker's compensation or industrial accident claims background may also be conducted under the guidelines of the Americans with Disabilities Act.

You are further advised under said act that any person who procures or causes to be prepared and investigative consumer report on any consumer shall, upon written request by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection 1681(d), shall make a complete and accurate disclosure of the nature and scope of the investigation requested/ This disclosure shall be made in writing and mailed or otherwise delivered to the consumer within five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report as that term is defined in the Fair Credit Reporting Act that a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I, the undersigned, have read the above and foregoing notice and understand the same.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and phone number of person completing this form, if other than applicant:

Signature

Date

Please provide the following information for investigative purposes only:

Full Legal Name:

Other Names (s) - (maiden, previous married name, aliases, etc.)

Social Security #

Drivers License #

State:

Previous Mailing Address (other than shown at the beginning of this application)



Applicant Log

Equal Employment Opportunity Information

CW Suter & Son is and Equal Opportunity Employer. The Federal Government requires us to monitor and be able to produce data pertaining to the sex, ethnic background, citizenship, and veteran status of our job applicants. It will be removed from the Application, retained in the Human Resources Department and will not be forwarded to any employing department or to any Employment Recruiters reviewing your application. In keeping with CW Suter & Son's status as an Equal Opportunity Employer, this information will not be used in making any decision affecting hiring or any personnel action following employment. Should you accept an employment offer, you are then required to provide the requested gender, birth date, ethnic and citizen information. If you prefer not to complete any section of this portion of the form, you may leave it blank.

1. NAME (Print as on Social Security Card)

Last

First

Middle

2. SOCIAL SECURITY NUMBER _____

3. BIRTH DATE: _____

4. SEX: Male Female

5. ETHNIC BACKGROUND:

- White (not Hispanic) Black (not Hispanic) American Indian or Alaskan Native
 Asian or Pacific Islanders Hispanic Other: _____

6. VETERAN? Yes No

7. CITIZENSHIP (Please check one):

- US Citizen
 Resident Foreign National (An alien who has been admitted for permanent resident – *must have Alien Registration Receipt Card, Form 1-551*)
 Non-Resident Foreign National (An alien admitted temporarily for specific purposes and periods of time).

Signature

Date