

APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal law.



Sukup Manufacturing Co.
PO Box 677, 1555 255th St. Sheffield, IA 50475 ph:
641-892-4222 • fax: 641-892-4884
website: sukup.com • email: employment@sukup.com

P E R S O N A L	Last Name		First	Middle	Today's Date	
	Street Address				Home Phone ()	
	City, State, Zip				Cell Phone ()	
	What is the best way to contact you?				Email Address	
	How long have you resided at your present address?					
	What was your former address?				How long at former address?	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Month and Year				Desired hourly rate?	
	Have you ever been employed by Sukup Manufacturing Co.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Month and Year				Overtime, if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Position desired?				Date when able to start work	
	Are you able to work (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift					
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If hired, can you provide proof that you are 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Special training or skills (machine operation, CDL, etc.)					
	Are you capable of performing necessary assignments in a safe manner? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	List any professional, trade, or service organizations in which you are a member:					
	Do you have any relatives already employed by this company? If yes, please name them:					
How did you learn about our company? Check all that apply: <input type="checkbox"/> Personal Referral _____ <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Billboard <input type="checkbox"/> Internet <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Career Fair <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____						

LIST your Academic, Vocational or Professional Education, and the Public and Private Schools you attended:

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College					
	High					
	Other					

EMPLOYMENT RECORD

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Complete Address	Employed (state month and year) From To
	Name of Supervisor	Reason for leaving
	State job title and describe your work	

2	Company Name	Telephone ()
	Complete Address	Employed (state month and year) From To
	Name of Supervisor	Reason for leaving
	State job title and describe your work	

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>
	Employer Number(s) _____ Reason _____ _____

M I L I T A R Y	<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>	Branch of service
	Describe your duties and any special training relevant to position applied for:	Period of active duty (month and year) From To
		Rank at discharge
		Date of final discharge

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	Sukup Manufacturing Co. reserves the right to terminate an employee, at will, with or without cause, and an employee has the right to terminate his or her employment with or without cause.	
	_____	_____
	Date	Signature
	<i>I hereby consent to drug testing as part of the pre-employment physical, and if employed, to any further legally allowable drug testing.</i>	
	_____	_____
	Date	Signature