

APPLICATION FOR EMPLOYMENT

Schimberg Co. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sexual orientation, gender, disability, citizenship status or any other legally protected status.



SCHIMBERG CO.

PERSONAL DATA			
Position(s) Applied For:		Date	Email Address
Last Name	First	Middle	Telephone Number
Address		City	State Zip Code
1) Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____		Employment Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Summer Help Dates Available: ____/____/____ to ____/____/____	
2) Have you ever been employed by Schimberg Co.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Are you currently on "layoff" status or subject to recall?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>	
How did you learn about Schimberg Co.? (Mark all that apply)		Date Available for Employment	
<input type="checkbox"/> Schimberg Co. Employee <input type="checkbox"/> Relative Name _____		Desired Salary Range	
<input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper or Online Advertisement <input type="checkbox"/> Walk-In Name _____		<input type="checkbox"/> Other _____	
		Do any of your friends or relatives, other than your spouse, work here? (List names)	

EDUCATION				
Educational Institution	Name & Location Of Educational Institution	Years Completed	Course of Study	Degree/Diploma Obtained
High School				
College/ University				
Business/ Technical School				
Other				

Describe any job-related specialized training, apprenticeship, skills and extra-curricular activities.

MILITARY HISTORY		
Describe duties and any training received		
Rank/Type of Service	Period of Active Duty (Month/Year) From To	Branch of Service

EMPLOYMENT HISTORY		Please give complete, accurate full-time and part-time employment record. Begin with your present or most recent employer. Simply attaching a resume will not be sufficient.	
1. Employer Name		Starting Date	Ending Date
Address		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
Position(s) Held:			
Describe the Responsibilities of Your Position			
Name and Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone ()
Reason(s) for Leaving			
2. Employer Name		Starting Date	Ending Date
Address		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
Position(s) Held:			
Describe the Responsibilities of Your Position			
Name and Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone ()
Reason(s) for Leaving			
3. Employer Name		Starting Date	Ending Date
Address		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
Position(s) Held:			
Describe the Responsibilities of Your Position			
Name and Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone ()
Reason(s) for Leaving			
4. Employer Name		Starting Date	Ending Date
Address		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
Position(s) Held:			
Describe the Responsibilities of Your Position			
Name and Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone ()
Reason(s) for Leaving			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS	
Computer Skills (Check all that apply)	<div style="display: flex; justify-content: space-between;"> <div> PC/MAC _____ Spreadsheet _____ </div> <div> Word Processing _____ _____ </div> <div style="text-align: right;"> Other (please explain): _____ _____ </div> </div>
Production/Machinery (Check all that apply)	<div style="display: flex; justify-content: space-between;"> <div> Forklift Experience _____ Class "A" CDL _____ </div> <div> Welding _____ Class "B" CDL _____ </div> <div style="text-align: right;"> Other (please explain): _____ _____ </div> </div>

List any additional skills, affiliations, qualifications or other specialized training that will help us in considering your application.

REFERENCES		Please list three professional/working references. (Do not include relatives)		
Name	Relationship (i.e. Boss, Co-Worker, Friend)	Contact Number	Occupation	Years Known

Schimberg Co. Applicant Statement

PLEASE READ CAREFULLY, SIGN AND DATE:

I voluntarily authorize Schimberg Co. to make investigations of my person, employment, and other related matters as may be necessary in employment decision or to verify information given on this application or during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference check satisfactory to Schimberg Co.

In accordance with Schimberg Co. policy to maintain a drug-free workplace, employees may be subject to drug testing throughout their employment in accordance with the law. I hereby agree to drug testing as required by Schimberg Co. policy and release Schimberg Co. from all liability arising from such testing.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

If I am employed, I understand that my employment is "at will" and for no definite period of time. Either Schimberg Co. or I may terminate my employment at any time, with or without cause and with or without notice. I further understand that my employment is at will regardless of any statement made by a Schimberg Co. agent or employee or in a Schimberg Co. policy, practice, handbook, program, or any other written or oral materials. I understand that no representatives of Schimberg Co. other than an Officer of Schimberg Co. has the authority to make arrangements with me concerning the length of my employment. Such agreements must be in writing and signed by an Officer of Schimberg Co.

I understand this application will be active for a period of 3 months; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

SIGNATURE OF APPLICANT
DATE

Schimberg Co. afford equal opportunity in employment to all qualified persons regardless of race, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.

DRIVING RECORD - DRIVER APPLICANTS ONLY

Individuals applying for consideration to drive a commercial motor vehicle for Schimberg Co. must complete this portion of the application.



SCHIMBERG CO.

Last Name	First	Middle	Date of Birth*	Social Security Number*
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* ID Purposes Only

Address			<i>List all addresses in which you have resided in the last three years.</i>
Current Address	City, State Zip	Dates of Residence	
Previous Address	City, State Zip	Dates of Residence	
Previous Address	City, State Zip	Dates of Residence	

Driving Experience and Qualifications				<i>List all unexpired commercial motor vehicle operator's licenses held.</i>
State	License No	Class of License	Expiration Date	
State	License No	Class of License	Expiration Date	
State	License No	Class of License	Expiration Date	
1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Has any license, permit, or privilege every been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			Explain the nature and extent of experience operating motor vehicles. Include the type of equipment operated. (i.e. 3 years tractor/trailer)	
If you answered yes to any of the above statements, explain the facts and circumstances.				

Accident Review			<i>List all motor vehicle accidents in which you've been involved during the past 3 years.</i>
Date of Accident	Nature of Accident	Fatalities or Injuries	
Date of Accident	Nature of Accident	Fatalities or Injuries	
Date of Accident	Nature of Accident	Fatalities or Injuries	

Traffic Convictions				<i>List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been convicted or forfeited bond or collateral during the 3 years preceding the date of this application.</i>
Location	Date	Offense	Penalty	
Location	Date	Offense	Penalty	
Location	Date	Offense	Penalty	

2110 Hubbard Ave,
Decatur, IL 62526
835 N Derby Ln
North Sioux City, SD 57049

1106 Shaver Rd NE,
Cedar Rapids, IA 52402
4060 Dixon St
Des Moines, IA 50313

4343 South 96th Street
Omaha, NE 68127
2707 N Regency Park
Wichita, KS 67226

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Last Name	First	Middle
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While employed by the companies listed under the Employment History were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Was the job designated as a safety sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

My signature below certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand the information provided may be used, and previous employers will be contacted, for the purpose of investigating my safety performance history as required by the FMCSR 49CFR § 391.23.

In accordance with FMCSR 49CFR §391.23 applicants will have the right to 1) review information provided by a previous employer, 2) have errors in the information corrected by the previous employer for that previous employer to resend the correct information, and 3) have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I understand that, as required by company policy, and the FMCSR 49CFR, § 382.307 prospective employees must submit to a controlled substance test involving collection of urine to include marijuana, cocaine, amphetamines (including methamphetamine), opiates and phencyclidine (PCP). I understand that, if I test positive for the use of controlled substances, I will not be medically qualified to operate as commercial motor vehicle for interstate commerce. I also understand I will be given a reasonable opportunity to confer with the company's medical review officer (MRO) before any positive drug test result is reported to the company. The medical review officer on contract will maintain the results of the drug test with the company, who will report to the company whether the test result was negative or positive. The results of any test will not be released to any additional parties, except as provided by state or federal law, without my written authorization.

SIGNATURE OF APPLICANT	DATE
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