



# EMPLOYMENT APPLICATION

## Chesterman Co.

4700 South Lewis Blvd. PO Box 3657  
Sioux City, IA 51102  
hrmail@chesterman.com



*Chesterman Co. 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.*

**Please complete entire application in order for it to be considered.**

### PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address	City	State
Telephone Number	Zip Code	
E-mail Address		
How Did You Hear About Us? (Please choose only ONE)		
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Current Employee _____
<input type="checkbox"/> Radio	<input type="checkbox"/> Company Website	<input type="checkbox"/> Employment Agency _____
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Friend	<input type="checkbox"/> Internet Job Posting _____
<input type="checkbox"/> Social Media	<input type="checkbox"/> Billboard	<input type="checkbox"/> Other _____
Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i>		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a crime? <i>(A conviction will not necessarily disqualify you.)</i> If yes, please explain (date(s), type of offense(s), etc.): _____		YES <input type="checkbox"/> NO <input type="checkbox"/>

### EMPLOYMENT DESIRED

Date of Application	Which location are you applying for?				
	<input type="checkbox"/> Sioux City, IA	<input type="checkbox"/> Aurelia, IA	<input type="checkbox"/> Yankton, SD	<input type="checkbox"/> Sioux Falls, SD	<input type="checkbox"/> Kearney, NE
	<input type="checkbox"/> Mitchell, SD	<input type="checkbox"/> Pierre, SD	<input type="checkbox"/> Watertown, SD	<input type="checkbox"/> Huron, SD	<input type="checkbox"/> Omaha, NE
	<input type="checkbox"/> Norfolk, NE	<input type="checkbox"/> Lincoln, NE	<input type="checkbox"/> Grand Island, NE	<input type="checkbox"/> North Platte, NE	<input type="checkbox"/> Long Pine, NE
Which position(s) are you applying for?			What type of work are you applying for?		
<input type="checkbox"/> Production	<input type="checkbox"/> Forklift Driver	<input type="checkbox"/> Loader	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
<input type="checkbox"/> Merchandiser/Sales	<input type="checkbox"/> Fleet Maintenance	<input type="checkbox"/> Service Tech	<input type="checkbox"/> Office	<input type="checkbox"/> Weekends Only	<input type="checkbox"/> Seasonal
<input type="checkbox"/> PF&B Route Delivery	<input type="checkbox"/> PF&B Warehouse	<input type="checkbox"/> Other			
Salary Desired	Have you previously worked for Chesterman Co.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	If yes, please list date(s):				
Date Available to Start	Have you ever applied to Chesterman Co. before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	If yes, please list date(s):				
Can you with or without reasonable accommodation perform the essential functions of this job?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you willing and able to submit to a pre-employment drug and background screening?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is anyone related to you employed by Chesterman Co.? If yes, please give their name and relationship to you:			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

### Days available for work:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Please list any scheduling conflicts you may have, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY** (List below your last four employers, beginning with present or most recent.)

Company Name and Position		Address	
Name and Title of last Supervisor/Manager		Phone	
Start Date	End Date	Starting Pay	Ending Pay
Describe your duties/responsibilities: _____ _____			
Reason for leaving:			
May we contact this Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		Subject to DOT Drug and/or Alcohol Testing? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company Name and Position		Address	
Name and Title of last Supervisor/Manager		Phone	
Start Date	End Date	Starting Pay	Ending Pay
Describe your duties/responsibilities: _____ _____			
Reason for leaving:			
May we contact this Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		Subject to DOT Drug and/or Alcohol Testing? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company Name and Position		Address	
Name and Title of last Supervisor/Manager		Phone	
Start Date	End Date	Starting Pay	Ending Pay
Describe your duties/responsibilities: _____ _____			
Reason for leaving:			
May we contact this Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		Subject to DOT Drug and/or Alcohol Testing? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company Name and Position		Address	
Name and Title of last Supervisor/Manager		Phone	
Start Date	End Date	Starting Pay	Ending Pay
Describe your duties/responsibilities: _____ _____			
Reason for leaving:			
May we contact this Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		Subject to DOT Drug and/or Alcohol Testing? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company Name and Position		Address	
Name and Title of last Supervisor/Manager		Phone	
Start Date	End Date	Starting Pay	Ending Pay
Describe your duties/responsibilities: _____ _____			
Reason for leaving:			
May we contact this Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		Subject to DOT Drug and/or Alcohol Testing? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been fired or asked to resign from a job?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give dates and explanation: _____ _____ _____			

**EDUCATION**

Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
Elementary			
High School			
College			
Graduate			
Vocational			

Have you received any job-related training in the United States Military?  
If yes, please give dates and explanation:

YES [ ] NO [ ]

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Describe any specialized training, apprenticeships, licenses or skills. (Career Readiness Certificated Preferred)

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Activities: Civic, Athletic, Etc. (Exclude any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

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

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**REFERENCES** (List three persons who are not related to you or previous supervisors, whom you have known at least one year.)

Name	Phone Number	Relationship/Occupation	Years Known

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application (Month/Day/Year)

\_\_\_\_\_  
Applicant's Social Security Number (XXX-XX-XXXX)

**SKILLS**

Do you have reliable means of transportation to get to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever operated a forklift? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever operated a pallet jack? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have computer experience? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have customer service experience? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have welding experience? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have refrigeration experience? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have experience working in a lab? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please provide any other skills that you wish to convey which should be considered.

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**DRIVER EXPERIENCE**

If applying for a driving position, are you 21 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid driver's license? Driver's License #: _____ Driver's State: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been denied a license, permit or privilege to operate a motor vehicle? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been denied a license, permit or privilege to operate a motor vehicle? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has any license, permit or privilege ever been suspended or revoked? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? If so, please explain:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Driving Experience:**

Straight Truck  Tractor/Semi-Trailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify)

**Accident Review** (List all accidents, regardless of severity, for the past 5 years.)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, Etc.)	Fatalities	Injuries

**Traffic Convictions and Forfeitures** (List all violations other than parking violations for the past 5 years.)

Dates	Location	Charge

List special courses, training, or awards that are relevant to your driving experience: \_\_\_\_\_

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## APPLICANT LOG

### Equal Employment Opportunity Information

Chesterman Co. is an 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. Completing the following Applicant Log Information is voluntary. 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 Chesterman Co.'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 citizenship information. If you prefer not to complete any section of this portion of the form, you may leave it blank.

**1. NAME (Print or Type as on Social Security Card)**

\_\_\_\_\_

Last
First
Middle

**2. SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**3. BIRTH DATE:** \_\_\_\_\_

**4. SEX (Please Check One):**

- Male  
 Female

**5. ETHNIC BACKGROUND (Please Check One)**

- White (not Hispanic): Origins in Europe, North Africa, or the Middle East.
- Black (not Hispanic): Origins in any of the black racial groups.
- American Indian or Alaskan Native: Origins in the original peoples of North America.
- Asian or Pacific Islanders: Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- Hispanic: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**6. VETERAN?    YES     NO**

Vietnam Era Veteran (8-5-64 to 5-7-75) "A person (1) who (i) served on active duty for a period of more than 180 days, any part of which occurred during the Vietnam era, and was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the Act."

**7. CITIZENSHIP (Please check One):**

- US Citizen
- Resident Foreign National (An alien who has been admitted for permanent residence (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 of Applicant**

\_\_\_\_\_  
**Date**