



4010 320th Street, PO Box 189, Boyden, Iowa 51234

Phone: (712) 725-2311 or (712) 725-2302 Toll Free: 800-54DEMCO (800-543-3626) Fax: (712) 725-2380

www.demco-products.com

NOTICE TO ALL JOB APPLICANTS

Demco will perform a post offer, pre-placement medical examination and drug screening on all job applicants IF an offer of employment has been extended. After completion of this job application, I understand that I will have an opportunity to review a copy of Demco's Drug and Alcohol-Free Workplace Policy. I also understand receipt of this policy is NOT an employment contract, but an explanation of Demco's approach to developing and maintaining a drug and alcohol-free environment.

The following is a list of drugs for which testing will be conducted:

Cannabinoids (marijuana)

Cocaine

Opiates (including morphine and codeine)

Phencyclidine (PCP)

Amphetamines (including methamphetamines)

To be considered qualified for employment with Demco we must receive a "negative" report on either the initial or confirmatory drug screen. If that qualification is not met, the prospective employee will be deemed "not qualified", and the conditional offer of employment that was extended will be withdrawn. NOTE: Demco has "zero tolerance" for marijuana, so no explanation for the presence of this substance will be accepted.

By signing this notice, I understand that an offer of employment will be conditional on passing the medical examination and drug screening.

DATE: _____, 20____

Print Your Name

Signature

Serving You Since 1964

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, sex, sexual orientation, religion, creed, gender identity, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Best time to contact you at home is:	_____ : _____	AM/PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	N/A No
Have you ever filed an application with us before?	Yes	No
Have you ever been employed with us before?	Yes	No
Do any of your friends or relatives, other than spouse work here?	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you eligible to lawfully work in the United States?	Yes	No
Have you ever been convicted of a felony? <i>(Conviction will not necessarily disqualify applicant for employment)</i>	Yes	No
Do you have means of transportation to work?	Yes	No
Can you travel if a job requires it?	Yes	No
Date available for work:	_____/_____/_____	
What is your desired salary range?	_____	
Are you available to work:	Full-Time	(Please indicate 1 2 shift)
	Part-Time	(Please indicate Morning Afternoon Evening)
	Temporary	(Please indicate dates available ____/____/____ - ____/____/____)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

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

List of professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner; with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

WORK REFERENCES

List below persons who have knowledge of your work performance within the last 5 years.

1.	()	
	(Name)	Phone #
	(Address)	
2.	()	
	(Name)	Phone #
	(Address)	
3.	()	
	(Name)	Phone #
	(Address)	

APPLICANT'S STATEMENT

Did you complete this application yourself?

Yes

No

I certify that answers given herein are true and complete.

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, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes is specifically acknowledge in writing by an authorized executive of this organization.

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

Signature of Applicant

Date



The logo for Demco, featuring the word "Demco" in a stylized, red, cursive font with a black outline.