



PO BOX 535
 BROOKLYN IA 52211
 PHONE: 641-522-9206 FAX: 641-522-5090

**APPLICATION FOR EMPLOYMENT
 PLEASE PRINT**

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Additional testing of job-related skills, as well as post-offer pre-employment physical (which will include a drug test) may be required.

Job Applied For _____ Date _____

A. PERSONAL INFORMATION

Name _____ E-mail _____

Address _____
 STREET APT. # CITY STATE ZIP

Telephone Number where you can be contacted _____

Are you at least 18 years of age? () YES () NO Child labor laws prohibit employment of individuals under the age of 18 in certain occupations considered to be hazardous.

Are you eligible for employment in the United States? () YES () NO

Do you speak, read, or write fluently in a language other than English? () YES () NO

If YES, describe ability and list language(s) _____

Who referred you? _____

B. CRAFT TRAINING, EXPERIENCE, AND READINESS TO WORK

On what date would you be available for work? _____

Are you available to work: () FULL TIME () PART TIME () SUMMER ONLY () TEMPORARY

Have you worked for this Company before? () YES () NO Where? _____

Dates of previous employment: From _____ To _____ Reason for leaving _____

Are you on a lay-off and subject to recall? () YES () NO

Can you travel if a job requires it? () YES () NO

Would you accept employment: () Out-Of-Town () Statewide () Unaccompanied by Family

Do you have a valid driver's license? () YES () NO

If YES, please specify the type of license: () OPERATING LICENSE () COMMERCIAL DRIVERS LICENSE

List your License Number: _____ Expiration Date _____ State _____

Have you had a motor vehicle accident or moving violation in the past 3 years? () YES () NO

If YES, please explain _____

What types and makes/models of construction equipment can you operate or repair? _____

List any craft training programs in which you have participated _____

C. EMPLOYMENT

Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in completing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

List your three most recent positions held, starting with the most recent employer first.

From /	Employer Name: Address:	Position held, duties	Supervisor
To	Phone number:		May we contact? () Yes () No
/			Starting Pay
			Ending Pay
Reason for leaving			
From /	Employer Name: Address:	Position held, duties	Supervisor
To	Phone number:		May we contact? () Yes () No
/			Starting Pay
			Ending Pay
Reason for leaving			
From /	Employer Name: Address:	Position held, duties	Supervisor
To	Phone number:		May we contact? () Yes () No
/			Starting Pay
			Ending Pay
Reason for leaving			

REFERENCES Include only individuals familiar with your work ability. Do **not** include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. _____

Do you have your own craft tools, clothing, and other equipment? () YES () NO
 Have you attended High School, Vocation/Technical School or College? () YES () NO
 If YES, please specify _____

CERTIFICATION & RELEASE

I certify that the information contained in this application are true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain provisions of Iowa law, I may be required to submit to a post offer pre-employment physical (which will include a drug test) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of the results to the company.

Signature _____ Date _____
 (Note: This application will be active thru the current calendar year)

This company does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.

<p align="center">AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER</p> <p align="center">Women, minorities, veterans and individuals with</p>
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VOLUNTARY AFFIRMATIVE ACTION SURVEY

Manatts, Inc., is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us. The information you supply will be used for statistical purposes only. If you are offered employment with Manatts, Inc., it will not be used as employment criteria. Manatts, Inc., is an equal opportunity employer, supporting diversity in the workplace. Thank you for your voluntary cooperation in completing this form.

Position Applied For:		Date:	
Name:			
Street Address:		City:	State: Zip:
Gender			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I choose to not self-identify my gender.	
Referral Source			
<input type="checkbox"/> Iowa Workforce Development (list location)			
<input type="checkbox"/> Advertisement (list newspaper)			
<input type="checkbox"/> Other Employee (name employee)			
<input type="checkbox"/> School (name school)			
<input type="checkbox"/> Online (name website)			
<input type="checkbox"/> Walk In		<input type="checkbox"/> Other	
Ethnicity:			
<input type="checkbox"/> White (Not Hispanic or Latino)		<input type="checkbox"/> Asian (Not Hispanic or Latino)	
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)		<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	
<input type="checkbox"/> I choose to not self-identify my ethnicity.			

NOTICE FOR ALL EMPLOYEES & APPLICANTS

OPERATING STATEMENT

It is the policy of Manatt’s, Inc., to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age, or disability. Such action shall include: employment, upgrading, demotion, transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, pre-apprenticeship, or on-the-job training.

DESIGNATION OF EEO/AA OFFICER

Manatt’s, Inc., has designated Andy Day, PO Box 535, Brooklyn, IA 52211, 1-866-MANATTS, ext 209, as the EEO/AA Officer. The Assistant EEO/AA Officer will be Diane Kilmer, PO Box 535, Brooklyn, IA 52211, 1-866-MANATTS ext 261. Andy Day or Diane Kilmer has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

TRAINING LETTER

Manatt’s, Inc., is an Equal Opportunity Employer interested in training prospective employees and upgrading present employees through actual on-the-job training programs. Below are listed the job classifications for which training will be provided:

Equipment Operator

Truck Driver

Concrete Finisher

The qualification(s) to be considered for our company’s training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of outlines of individual job classifications/area training program outlines, you must request them from Andy Day, Human Resources Director, PO Box 535, Brooklyn, IA 52211 or by calling 1-866-MANATTS



PRE-OFFER VETERAN SELF ID FORM

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A “**disabled veteran**” is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An “**Armed forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please select one of the following:

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

I don't wish to answer.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.