



APPLICATION FOR EMPLOYMENT

4400 Chavenelle Road
 Dubuque, IA 52002
 Email: jobs@metrixco.com
 Fax: 563-556-4704

Date of Application

EMPLOYMENT DATA

Position(s) Desired:	Type of employment: Full-time__ Part-time__ Temporary__	Date available for Employment:
Please check all that you would be able and willing to work: 1 st ____ 2 nd ____ 3 rd ____ Overtime ____ Weekends ____ Holidays ____ Summer only ____		
Have you previously worked at The Metrix Company? Yes ____ No ____ If yes, please give list dates of employment and position:		
Salary Desired:	Referred by:	

PERSONAL DATA

Last name	First name	Middle	Email Address:	
Address:	Street	City	State	Zip Code
Home Phone Number ()		Mobile Phone Number ()		
Are you at least 18 years old? Yes ____ No ____		Are you legally eligible for employment in the United States? Yes ____ No ____		
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes ____ No ____				
Have you ever been convicted of a crime, including deferred judgment, misdemeanor, or felony? _____ If yes, please provide date and details: <i>(This information does not automatically disqualify you. Factors such as job relevance, time since the offense, seriousness and nature of the violation will be taken into account.)</i>				

EDUCATION

	Location	Years Completed	Major	Diploma, Degree or Certificate Earned
Name of High School				
Name of College / Trade School				
Name of College / Trade School				
List any professional membership, certification, or license held which is relevant to the position you are applying for:				
Please describe any additional skills and/or experiences relevant to the position you are applying for:				

EMPLOYMENT HISTORY

List current or *most recent* employer first. Application must be complete to be valid.

1. Name of employer		Address (City, State)	Telephone Number ()
Job Title	Dates of Employment (month / year) from: to:	Reason for Leaving	
If currently employed, please state reason for desire to leave:			
Duties		Supervisor's Name and Title	May we contact? Yes _____ No _____

2. Name of employer		Address (City, State)	Telephone Number ()
Job Title	Dates of Employment (month / year) from: to:	Reason for Leaving	
If currently employed, please state reason for desire to leave:			
Duties		Supervisor's Name and Title	May we contact? Yes _____ No _____

3. Name of employer		Address (City, State)	Telephone Number ()
Job Title	Dates of Employment (month / year) from: to:	Reason for Leaving	
If currently employed, please state reason for desire to leave:			
Duties		Supervisor's Name and Title	May we contact? Yes _____ No _____

Please list any friends or relatives currently employed at The Metrix Company: _____

REFERENCES

List persons familiar with your current job related qualifications and abilities. Do not list friends and/or relatives.

Name, Address & Telephone Number	What is your association with this person?
Name, Address & Telephone Number	What is your association with this person?

This application will remain active for 90 days. It must be complete, including employment history, to be valid. The Metrix Company is an equal opportunity employer and does not discriminate on the basis of age, sex, race, creed, color, religion, national origin, gender identity, sexual orientation, disability, marital or veteran status, or any other characteristic protected by law.

APPLICANT CERTIFICATION - PLEASE READ CAREFULLY

I certify that the information provided in this application is correct to the best of my knowledge. I understand that omission or misrepresentation of any relevant information could result in disqualification for employment or dismissal if employed. I authorize The Metrix Company to share this application with an external staffing agency, if applicable for the recruitment process.

I authorize The Metrix Company to conduct a thorough background investigation to verify all information provided on this application and during interviews. I hereby release The Metrix Company and its representatives from any liability that might result from such an investigation. I authorize any person, organization or company listed on this application to furnish any information concerning my previous employment, education and qualifications for employment and I release them from all liability for providing the requested information.

I understand that neither the completion of this application nor any part of the hiring process provides an obligation for an employment offer. If hired, my employment is for no definite period. I understand that The Metrix Company or I can terminate employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Metrix Company has the authority to make any assurances to the contrary.

Signature of Applicant: _____ **Date:** _____