

Katana Inc.

1813 N 7th St
PO Box 193
Indianola IA 50125
Phone: 515-961-8497
Fax: 515-961-3910

Application for Employment

PERSONAL DESCRIPTION

Date: _____

Full Name: _____ Social Security Number: _____

First Middle Last

Date of Birth: _____ Address: _____
Street City State Zip

Phone: _____ Name of Spouse: _____

In Case of Emergency Notify: _____ Phone: _____

Address: _____
Street City State Zip

Date of Last Physical: _____ Doctor's Name: _____

Phone: _____ Address: _____
Street City State Zip

List any Physical Limitations (Diabetes, Heart Disease, Eye Sight, Limb Impairment, etc.) _____

EXPERIENCE & QUALIFICATIONS

Valid Driver's License	State	License Number	Type	Expiration Date

Have you ever been denied a Permit, License, or Privilege to operate a motor vehicle? _____

Has your License Permit or Privilege been suspended or revoked? _____

If Yes, Explain: _____

Have you been convicted of driving under the influence of alcohol or drugs? _____ Penalty: _____

Have you ever been convicted of a crime? _____ Explain: _____

Do you have friends and/or relatives employed with us? _____ Name/Relationship _____

Have you worked here before? _____ Dates: _____ Reason for leaving: _____

DRIVING EXPERIENCE

Power Equipment	Type of Equipment		Number of Years	States you have driven in
Straight Truck				
Tractor Trailer	Power Unit:	Trailer:		
Bus	School:	Coach:		
Other				

ACCIDENT RECORD LAST THREE YEARS

Date	Nature of accident (overturn, jackknife, rear, etc)	No. of Fatalities	No. of Injuries	Commercial Vehicle	Personal Vehicle

TRAFFIC CONVICTIONS AND FORFEITURES LAST 3 YEARS (Other than Parking)

State	Date	Charge	Penalty	Commercial Vehicle or Automobile

UNEMPLOYMENT DATES (if any)

From _____ To _____ Did you receive unemployment benefits? _____
 From _____ To _____ Did you receive unemployment benefits? _____
 From _____ To _____ Did you receive unemployment benefits? _____
 From _____ To _____ Did you receive unemployment benefits? _____

EMPLOYMENT HISTORY FOR THE PAST 10 YEARS

Last Employer: _____ Phone: _____

Address _____

Street City State Zip

From: _____ To: _____ Position: _____ Salary: _____

Reason for leaving: _____

Last Employer: _____ Phone: _____

Address _____

Street City State Zip

From: _____ To: _____ Position: _____ Salary: _____

Reason for leaving: _____

Last Employer: _____ Phone: _____

Address _____

Street City State Zip

From: _____ To: _____ Position: _____ Salary: _____

Reason for leaving: _____

Last Employer: _____ Phone: _____

Address _____

Street City State Zip

From: _____ To: _____ Position: _____ Salary: _____

Reason for leaving: _____

Last Employer: _____ Phone: _____

Address _____

Street City State Zip

From: _____ To: _____ Position: _____ Salary: _____

Reason for leaving: _____

EDUCATION

Please indicate last grade completed: Elementary: _____ High School: _____ College: _____

Last School Attended: _____

Name City State

Other Training: _____

Are you now employed? _____ When will you be available? _____

Do you have full knowledge of Federal Safety Requirements? _____

Are you prevented from lawful employment in this country because of immigration status? _____

Have you served in the U.S. Armed Forces? _____ Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Date Discharged or Released: _____

MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

This 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.

Date

Applicant's Signature

EMPLOYEE INFORMATION & VERIFICATION (To be completed and signed by employee)

Name:	Last	First	Middle	Birth Name
-------	------	-------	--------	------------

Address:	Street	City	State	Zip
----------	--------	------	-------	-----

Date of Birth: (Month/Day/Year)	Social Security Number:
---------------------------------	-------------------------

I attest, under penalty of perjury, that I am (check next to one):

A citizen or national of the United States.

An alien lawfully admitted for permanent residence (Alien Number A_____).

An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A_____ or Admission Number_____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate

Signature:	Date: (Month/Day/Year)
------------	------------------------

EMPLOYER REVIEW & VERIFICATION: (To be completed and signed by employer.)

Instruction: Examine one document from List A and check the appropriate box. **OR** examine one document from List B **and** one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	and	List C Documents that Establish Employment Eligibility
1. United States Passport			1. Original Social Security Number Card (other than a card stating it is not valid for employment)
2. Certificate of United States Citizenship	1. A state-issued driver's license or a State-issued ID card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.		2. A birth certificate issued by State, Country, or municipal authority bearing a seal or other certification)
3. Certificate of Naturalization	(Specify State)		3. Unexpired INS Employment Authorization
4. Unexpired foreign passport with attached Employment Authorization	2. U.S. Military Card		Specify form #
5. Alien Registration Card with photograph	3. Other (Specify document and issuing authority)		<i>Document Identification #</i>
	<i>Document Identification #</i>		<i>Expiration Date (if any)</i>
	<i>Expiration Date (if any)</i>		

CERTIFICATION: I attest under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature:	Name:	Title:
Employer Name:	Address:	Date: