



Phone: 563.382.8401 Fax: 563.382.8403
Address: 607 Washington Street, PO Box 22
Decorah, Iowa 52101

Application for Employment

Date: _____

Name (last, first, middle) _____

Address (present) _____

City, State, Zip _____

Email Address: _____

Telephone: _____

Position(s) Desired _____

Full-time Part-time Full-time or Part-time

Do you have a record of founded child or dependent adult abuse? Yes No
 Have you ever been convicted of a crime, in this state or any other state? Yes No
 Have you ever been convicted of a felony? Yes No
 Are you age 18 or over? Yes No
 Do you have a valid driver's license? Yes No
 Are you under contract or employed at the time of this application? Yes No

Present Employer _____

Address _____

May we contact previous or present employers?

Present Employer Yes No Previous Employer Yes No

Professional References: List persons qualified to answer questions concerning your fitness for the position you seek.

Name	Position	Address	Telephone
1			
2			
3			

General:

Special Skills _____

Activities _____

Exclude organizations that may indicate the race ,creed, sex, age, marital status, color or nation of origin of its members

U.S. Military Service _____

Rank _____

Education

Formal Education: List most recent first.

Institution	Address	Date of Attendance mo./yr. to mo./yr.	Award or Degree

Special Training Not Listed Above

List most recent first.

Institution	Address	Program or Course	Date of Attendance mo./yr. to mo./yr.	Credit Earned

Employment Experience

Experience: List most recent first, attach additional sheet if needed.

Employer	Address	Position	Date of Employment mo./yr to mo./yr.	Hours	Salary

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to The Spectrum Network’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or The Spectrum Network’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by The Spectrum Network.

Signature

Date