

# YETTER APPLICATION FOR EMPLOYMENT



To apply, send application to Yetter Manufacturing, Attn: Human Resources, PO Box 358, Colchester IL 62326 or email [hr@yetterco.com](mailto:hr@yetterco.com).

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status or any other legally protected status. We are an equal opportunity employer.

[www.yetterco.com](http://www.yetterco.com) | 309.776.4111

Position Applying For:	Date Available For Work:	Desired Salary Range:
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How did you learn about us?	<input type="checkbox"/> Print Ad	<input type="checkbox"/> Online Ad	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other	Referred By
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## PERSONAL INFORMATION

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

Best time to contact you:	Are you at least 18 years or older? <small>If no, you may be required to provide authorization to work.</small>	Yes	No
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date:	
Do any of your friends or relatives work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state name, relationship and location:	

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to be employed in the U.S.? <small>Proof of identity and eligibility will be required upon employment.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Can you work any shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate:	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd
Can you work overtime, including weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA/DEGREE
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## EMPLOYMENT EXPERIENCE

**Resume Provided** Select if you will attach your resume to the email or include it in the mail with this application in lieu of completing this section. If no resume, this section is required.

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.

Employer	Dates Employed From: To:
Address	Work Performed
Telephone Number(s)	
Job Title	
Supervisor	
Reason For Leaving	

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Address	Work Performed
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## EMPLOYMENT EXPERIENCE Continued

Employer	Dates Employed	From:	To:
Address	Work Performed		
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

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Address	Work Performed		
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

Explain any gaps in employment:

Describe any specialized training, apprenticeships, skills and extracurricular activities:

Describe any job-related training received in the United States military:

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal race, religion, gender, national origin, age, ancestry, disability or other protected status:

## ADDITIONAL INFORMATION

Summarize other qualifications or special job-related skills acquired from employment or other experiences:

Have you been informed of the requirements of the job you are applying for?    Yes    No    If yes, can you perform the essential functions with or without accommodation?    Yes    No

## REFERENCES Give the full names of three persons, not related to you, whom you have known for at least three years.

NAME	PHONE NUMBER

## APPLICANT'S STATEMENT

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 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 change is specifically acknowledged 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.

Date of Application

\_\_\_\_\_  
Signature of Applicant (digitally entered name suffices binding agreement)