



Burke Corporation

Post Office Box 209
 Nevada, IA 50201
 (800) 654-1152

We consider applicants without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose undue hardship. Let us know if you need accommodation to complete the application process. *Please fill out the application completely.*

PLEASE PRINT

Position(s) applied for:				Pay expected	Application Date
Last Name	First Name	Middle Name		Social Security Number	
Present Address	City	State	Zip	Telephone Number ()	
Last Previous Address	City	State	Zip	Dates Lived There (month/year) From: To:	
Additional addresses where you might be reached			Person to ask for	Telephone Number ()	

Are you 18 years of age or older? () Yes () No

Are you legally eligible to work in this country? () Yes () No

Have you ever filed an application with us before? If yes, date _____ () Yes () No

Based on the job description(s), do you meet the qualifications and are you able to perform the essential functions of the job with reasonable accommodation? () Yes () No

On what date would you be available to work? _____

Rank availability according to preference. (1=First choice, 2=Second choice, NA=Not available)

() 1st Shift () 2nd Shift () 3rd Shift

May we contact your present employer? () Yes () No

Can you work overtime? () Yes () No

Have you ever been convicted of a felony or are you waiting trial for a felony? () Yes () No

If yes, please explain _____

(A conviction or pending trial will not necessarily disqualify you from the position for which you have applied.)

EDUCATION			Courses studied	Graduate	
High School	City	State		Yes	No
Technical, Trade or Business School	City	State		Yes	No
College	City	State		Yes	No
Special Skills/Certifications					

EMPLOYMENT EXPERIENCE (most recent job on top)

Please attach an additional sheet of paper if there is not sufficient space provided for your employment experience. Include any job-related military service assignments and volunteer activities. Organizations that indicate race, color, religion, gender, national origin, disability to other protected status may be excluded.

Employer	Address	City	State	Zip	Telephone Number ()
Name of Supervisor(s)		Rate of pay (Start - End) \$ to \$			Employed From: To:
Job title and description of duties					Reason for leaving
Employer	Address	City	State	Zip	Telephone Number ()
Name of Supervisor(s)		Rate of pay (Start - End) \$ to \$			Employed From: To:
Job title and description of duties					Reason for leaving
Employer	Address	City	State	Zip	Telephone Number ()
Name of Supervisor(s)		Rate of pay (Start - End) \$ to \$			Employed From: To:
Job title and description of duties					Reason for leaving

REFERENCES (Do not use family members)				
Name	City	State	Telephone Number	Relationship to you
1.			()	
2.			()	
3.			()	

CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if I am selected, I will be required to take a post-offer drug test in accordance with state law. I am also willing to submit to drug testing at any time during employment. I will also be required to submit to a post-offer back ground check.

I hereby acknowledge that any employment relationship with Burke Corporation is of an "at-will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I understand that false or misleading information given on my application or in the interview(s) may result in the withdrawal of an offer of employment or immediate discharge.

APPLICANT SIGNATURE: _____ DATE: _____



Voluntary Applicant Survey

Burke is an Affirmative Action/Equal Opportunity Employer. To help us comply with various government regulations, applicants are requested (but not required) to complete this data sheet.

Providing this information is voluntary and your application will not be adversely affected if you respond or decline to respond. This data will be kept confidential and will not be used in any employment decision.

Name: _____ Date: _____

Position(s) Applied for: _____

Race/Ethnicity

(Please check one)

- White
- Black or African American
- Asian
- American Indian
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Two or more races/ethnicity

Sex

- Male
- Female

Referral Source (Please check one)

- Burke Employee Referral Name of employee: _____
- Walk-In
- Rehire
- Job Service/Work Force Development
- Career Day/Job Fair
- Internet
 - Nation Jobs
 - Burke website (www.burkecorp.com)
 - Other _____
- Newspaper Ad (Mark One)
 - Ames Daily Tribune
 - Story County Advertiser
 - ISU Daily
 - Nevada Journal
 - Marshalltown Times
 - Penny Saver
 - Tri-County Times
 - Boone County Times
 - Story City Herald
 - Des Moines Register
 - Other _____
- School
- Other _____