

**WATT'S**

**VAULT & MONUMENT  
CO.**

Application For Employment For:

**Montezuma, IA**

**Des Moines, IA**

**Chariton, IA**

**Iowa City, IA**

**Cedar Rapids, IA**

|  |                               |   |  |
|--|-------------------------------|---|--|
| POSITION APPLIED FOR                             | DAYS/HOURS AVAILABLE FOR WORK | TELEPHONE NUMBER<br>(    )  |  |
| NAME (LAST, FIRST & MIDDLE INITIAL)              |                               | DRIVER'S LICENSE NUMBER   | ARE YOU A U.S. CITIZEN?<br>_____ YES    _____ NO |
| ADDRESS (INCLUDE STREET, CITY, STATE & ZIP CODE) |                               | HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME (S) WHICH THIS FIRM WILL REQUIRE TO VERIFY ANY OF THE INFORMATION IN THIS APPLICATION?<br><br>_____ YES    _____ NO<br><br>IF YES, GIVE NAME (S) AND IDENTIFY RELATED SCHOOL, EMPLOYER, ETC. |  |

**EDUCATION**

|  |                                  |  |
|--|----------------------------------|--|
| CIRCLE HIGHEST GRADE COMPLETED<br>6 7 8 9 10 11 12 GED | NAME AND LOCATION OF HIGH SCHOOL | LIST SUBJECTS STUDIED AND DEGREES RECEIVED (MAJOR - MINOR) |
| COLLEGE 1 2 3 4 5 6                                    | NAME AND LOCATION OF COLLEGE     |  |

**EMPLOYMENT HISTORY**

Begin with most recent and list longest or most important job held. Please fill out this section carefully and completely.

|   |                    |           |             |   |
|---|--------------------|-----------|-------------|---|
| EMPLOYER NAME OR BRANCH OF MILITARY       | DATE STARTED       | DATE LEFT | RATE OF PAY | JOB TITLE                                   |
| EMPLOYER ADDRESS (CITY, STATE & ZIP CODE) | REASON FOR LEAVING |           |             | DESCRIBE JOB DUTIES, TOOLS OR MACHINES USED |
| EMPLOYER NAME OR BRANCH OF MILITARY       | DATE STARTED       | DATE LEFT | RATE OF PAY | JOB TITLE                                   |
| EMPLOYER ADDRESS (CITY, STATE & ZIP CODE) | REASON FOR LEAVING |           |             | DESCRIBE JOB DUTIES, TOOLS OR MACHINES USED |
| EMPLOYER NAME OR BRANCH OF MILITARY       | DATE STARTED       | DATE LEFT | RATE OF PAY | JOB TITLE                                   |
| EMPLOYER ADDRESS (CITY, STATE & ZIP CODE) | REASON FOR LEAVING |           |             | DESCRIBE JOB DUTIES, TOOLS OR MACHINES USED |

May we contact your present employer?    Yes    No    Former Employers?    Yes    No    Date: \_\_\_\_\_

I authorize investigation of all statements contained in this application.  
I understand that misrepresentation or omission of facts is cause for dismissal.

Signature: \_\_\_\_\_

Watts Vault & Monument Company  
Motor Vehicle Record Authorization

All prospective employees expected to drive company vehicles must have a valid driver's license with a driving record that is acceptable for our insurance carrier. Employees also need to possess a Class D Chauffeur's License. Employment will be contingent upon this requirement. In order to determine this information it will be necessary for you to provide a motor vehicle record from the Department of Transportation. Once we receive the motor vehicle record from you we will be able to process the information with our insurance company. By signing this form you are giving us your consent to process that information.

Name \_\_\_\_\_

Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Witness \_\_\_\_\_

### APPLICANT'S CONSENT TO DRUG TESTING

I understand it is the policy of Watts Vault & Monument Company to conduct drug tests of job applicants for the purpose of detecting drug abuse, and that one of the requirements for consideration of employment with Watts Vault & Monument Company is the satisfactory passing of the company's drug test.

For the purpose of being further considered for employment, I hereby agree to submit to a drug test.

I understand that favorable test results will not necessarily guarantee that I will be employed by Watts Vault & Monument Company.

If I am accepted for employment, I agree to take drug and or alcohol tests whenever requested by the company, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to the company and other officially interested parties the results of my tests.

At this time I consent to a drug test.

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(Signature of applicant)

(Date signed)

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(Printed name of applicant)

(Signature of witness)