



Application for Employment

lowahomecrafters.com

Contact Information:

Applicant Name	
Mobile Phone	
Other Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Email Address	
Address	

How did you hear about this position? _____

Are you available for full time work? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐ Yes ☐ No

If yes, describe the conviction(s), nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date, nature, significant details, surrounding circumstances, and relevance of the offense to the position may be considered.)

Education & Training:

High School Name			
Years Attended		Degree/Diploma/Certificate Earned	
Post-secondary Institution, Trade School, or Apprenticeship			
Years Attended		Degree/Diploma/Certificate Earned	

To Apply:

Direct questions and email or mail application to: Attn: Jamie Courtney
515-292-5274
jamie@lowahomecrafters.com

Iowa Home Crafters
1175 McCormick Ave
Ames, IA 50010

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Other Trainings, Certificates, or Skills:

Training/certification/skill		Year obtained	
Other relevant information			

Training/certification/skill		Year obtained	
Other relevant information			

Training/certification/skill		Year obtained	
Other relevant information			

Employment History:

Name of Employer		Position/Title	
Employer Address			
Name of Supervisor		Phone Number	
Years of Employment		Reason for Leaving	
May we contact this employer for references? _____ Yes _____ No			

Name of Employer		Position/Title	
Employer Address			
Name of Supervisor		Phone Number	
Years of Employment		Reason for Leaving	
May we contact this employer for references? _____ Yes _____ No			

Name of Employer		Position/Title	
Employer Address			
Name of Supervisor		Phone Number	
Years of Employment		Reason for Leaving	
May we contact this employer for references? _____ Yes _____ No			

Signature:

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Signature _____ Date _____