



*H&H Trailers by Novae*  
 222 N. 1<sup>st</sup> Street  
 Clarinda, IA 51632  
 P 712.542.2618 F 712.542.2707  
[sales@hstrailer.com](mailto:sales@hstrailer.com)

**APPLICANT INFORMATION**

Current Date		Referred By	
Last Name	First	M.I.	
Street Address			Apartment/ Unit #
City	State	ZIP	
Phone	How long at this address?		
Name and phone number of emergency contact			
Date Available	Social Security No.	Requested Rate of Pay	
Positions Applied for Welder <input type="checkbox"/> Forklift <input type="checkbox"/> Finish/Assembly <input type="checkbox"/> Powder Coat <input type="checkbox"/> Load Out <input type="checkbox"/> Maintenance <input type="checkbox"/> Cargo <input type="checkbox"/> Fabrication <input type="checkbox"/> Custom <input type="checkbox"/> Office <input type="checkbox"/> Sales <input type="checkbox"/>			
What type of employment do you want? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer Only <input type="checkbox"/> Temporary <input type="checkbox"/>			
Have you worked in a production or welding environment before?			
Please list any job related skills			
Please list any equipment skills including licenses and certifications. For example: proficiency with press brake, saw, or plasma table; forklift license; welding certification			
Most convenient time for interviewing			
Are you presently on layoff or leave of absence from another employer?			
Do you have any commitments with another employer that might affect your future employment? If yes, please explain			
Are you a veteran or on active duty? Which branch?			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

**EDUCATION**

High School	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

**EMPLOYMENT DATA**

*Give past employment record as completely as possible starting with latest employer (including military service).*

<b>Employer</b>									
Address				City/State		ZIP			
From:		To:		Last Salary					
Job Title			Supervisor						
Primary Responsibilities									
Reason for Leaving									
<b>Employer</b>									
Address				City/State		ZIP			
From:		To:		Last Salary					
Job Title			Supervisor						
Primary Responsibilities									
Reason for Leaving									
<b>Employer</b>									
Address				City/State		ZIP			
From:		To:		Last Salary					
Job Title			Supervisor						
Primary Responsibilities									
Reason for Leaving									

We will not discriminate against any employee or applicant for employment because of age(as defined by law); religion, sex, race, color, national origin, or because they are handicapped, a disabled veteran or a Vietnam era veteran. Answers to application questions will be utilized for applicable job related information only.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

**OFFICE USE ONLY**

Interview with Supervisor Date & Time:			
Interview with Operations Manager Date & Time:			
Comments:			
Start Date:			
Department:		Position:	
Pay:		Additional Information:	
Drug Test Date:		Results:	Negative <input type="checkbox"/> Positive <input type="checkbox"/>
If Positive, Date Sent to Lab:			
Lab Results:			