

# Job Application

Bruening Rock Products, Inc.  
PO Box 127, Decorah, Iowa 52101  
Phone: 563-382-2933 Fax: 563-382-8375  
brp@brueningrock.com



Bruening Rock Products, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

## **Applicant Information**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

## **Employment Position**

Position(s) applying for: \_\_\_\_\_  
How did you hear about this position? \_\_\_\_\_  
On what date can you start working, if hired? \_\_\_\_\_

## **Personal Information**

Do you have any friends, relatives, or acquaintances working for Bruening Rock Products? Yes No  
If yes, name and relationship: \_\_\_\_\_

Are you at least 18 years of age or older? Yes No

Can you travel if the job requires it? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No  
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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(Note: Bruening Rock Products, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Previous Employment**

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?    Yes    No

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?    Yes    No

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?    Yes    No

**References**

Please provide 3 personal or professional reference(s) below:

Reference	Contact Information

**At-Will Employment**

The relationship between you and Bruening Rock Products, Inc. is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Bruening Rock Products, Inc. No representative of Bruening Rock Products, Inc. has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either of our Company Officers.

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

Date: \_\_\_\_\_

## Affirmative Action Voluntary Survey

Bruening Rock Products, Inc.  
PO Box 127, Decorah, Iowa 52101  
Phone: 563-382-2933 Fax: 563-382-8375  
brp@brueningrock.com



Employees and applicants for employment are provided equal opportunity without regard to race, color, creed, religion, national origin, ancestry, sex, marital status, age, disability, sexual orientation, veteran's status, status with regard to public assistance, or any other protected class.

We are an equal opportunity, affirmative action employer and we comply with government regulation and affirmative action reporting. In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we request that you complete this Affirmative Action Survey. **Providing this information is completely voluntary and refusal to provide information will not subject you to any adverse personnel decision/action or hiring decision.** This survey is considered confidential information, is not part of your official application and is kept separate from your personnel file.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

### Gender Identity:

- Male
- Female
- Non-Binary
- Do not wish to answer

### Veteran Status

- Military Veteran
- Disabled Veteran
- Not a Veteran
- Do not wish to answer

### Race/Ethnicity:

- White
- Black or African American
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other (Please specify): \_\_\_\_\_
- Do not wish to answer

### Are you and individual with disabilities?

- Yes
- No
- Do not wish to answer