



An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

email

Business Phone Home Phone

Employment Desired

Position applying for:

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From: To:

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work?

Salary desired:

Personal Information

Have you ever applied to or worked for [IEC] before? Yes No

If yes, when?

Do you have any friends or relatives working for [IEC]? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at [IEC] ?

Two blank lines for answer

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  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

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .....  Yes  No

If yes, state 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 nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?.....  Yes  No

If so, may we contact your current employer? .....  Yes  No

**Education, Training, and Experience**

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
<b>College/ University</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			
<b>Vocational/ Business</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____ State _____ Zip _____			



Health Care Training Name Address City State Zip Yes No

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)?

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at [IEC]? Yes No

If so, please explain:

Blank lines for explanation

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: Issuing state:

License/certification number:

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Blank lines for reason(s)

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Telephone No.

Type of Business Your Supervisor's Name

Address & Street City State Zip

Dates of Employment: From To Weekly Pay: Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No



Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_
May we contact this employer for a reference? .....  Yes  No

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_
May we contact this employer for a reference? .....  Yes  No

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_
May we contact this employer for a reference? .....  Yes  No



Name of Employer \_\_\_\_\_ Telephone No. ( ) -

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? ... [ ] Yes [ ] No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? [ ] Yes [ ] No

If so, describe:

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

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Telephone No. ( ) -

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Telephone No. ( ) -

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_



First Name Last Name Telephone No. Address & Street City State Zip Occupation No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment... I hereby authorize [IEC] to thoroughly investigate my references, work record, education and other matters related to my suitability for employment... I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company... Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. [ ] I waive receipt of a copy of any public record described in the paragraph above.

Date Applicant's Signature