**WILLING TO TRAVEL**

**YES NO**



## Employment Application

If questions are not applicable, enter “NA.” Do not leave questions blank. Failure to completely fill out this application may result in disqualification from consideration for employment.

**RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION.**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | SSN: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Cell/Alternate Phone: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you have a valid Driver’s License? | YES | NO | State |  | License No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

## Employment Status

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Application: |  | Have you ever worked for this company? | YES | NO |
| List any prior dates of employment and positions: | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Employment desired: | Full-Time | Part-Time | Seasonal | Desired Wage: | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date available to work: |  | Are you available to work overtime if necessary? | YES | NO |

## Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of School | Name & Location | Did you Graduate? | | Years Completed | Course of Study |
| High School |  | YES | NO |  |  |
| College |  | YES | NO |  |  |
| Graduate |  | YES | NO |  |  |
| Technical, Trade or Other |  | YES | NO |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |
| --- | --- |
| Date & type of discharge (*optional*) : | : |

## Criminal Record

Note: A criminal record or conviction may not disqualify you from consideration for employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO | If so please list date and nature of offense(s): |
|  |  |  |  |
|  |  |  |  |

## Equipment Experience

|  |
| --- |
| Please list skills and equipment relevant to the job which you are applying for: |
|  |
|  |
|  |
|  |
|  |
|  |

## Disclaimer and Signature

I authorize the employer to contact and obtain information about me from current and previous employers, educational institutions, references provided by me or any other party as necessary to verify the accuracy of this application. I acknowledge that Industrial Maintenance of Topeka, Inc. has my permission to conduct a background check. I waive all claims I may otherwise have against the employer and its representatives for seeing and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

Industrial Maintenance of Topeka, Inc. is committed to maintaining a drug-free and safe workplace. Therefore, we require that all employees undergo a post-offer drug screening and at the option of Industrial Maintenance of Topeka, Inc. a Physical Capacity Profile examination. Signing this application says that you understand and consent to these procedures.

If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. Industrial Maintenance of Topeka, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, sexual preference, religion, age, or disability in employment or the provision of services.

By my signature below, I certify that the information contained in this Application for Employment, including any resume or other attachment(s), is true, correct and complete to the best of my knowledge. I understand that any false, incomplete or misrepresented information of any kind will be sufficient cause for this application to be rejected. If discovered after I am employed, may result in immediate termination of my employment.

**My signature acknowledges that I have read, understand and agree to the above statements and affirmations.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |