

# EMPLOYMENT APPLICATION



- PLEASE PRINT LEGIBLY -

POSITION AT INNOVATIVE PROFESSIONAL SOLUTIONS (IPS) APPLIED FOR:		DATE OF APPLICATION:
HOW DID YOU HEAR ABOUT IPS?	ADVERTISEMENT:	
	REFERRAL:	
	OTHER:	

FIRST NAME:	LAST NAME:		MIDDLE INITIAL:
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBERS: HOME:		WORK:	
HAVE YOU BEEN EMPLOYED WITH IPS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE LOCATION AND DATE:	
TYPE OF WORK YOU WOULD BE AVAILABLE FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		DATE YOU WOULD BE AVAILABLE TO START WORK:	
CAN YOU TRAVEL IF THE JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXPECTED PAY: \$ <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> YEARLY	
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS? <i>Note to the applicant: A conviction will not necessarily disqualify you from employment.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF THE ANSWER DIRECTLY ABOVE WAS YES, PROVIDE THE DATE, PLACE, CHARGE, AND DISPOSITION OF THE CONVICTION:			

- IPS IS AN EQUAL OPPORTUNITY EMPLOYER, AND GIVES FAIR CONSIDERATION TO ALL APPLICANTS REGARDLESS OF RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION, DISABILITY, VETERAN, OR MARITAL STATUS.
- IPS IS A DRUG-FREE EMPLOYER.
- PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT AT IPS.

## WORK HISTORY

MAY IPS CONTACT YOUR CURRENT EMPLOYER IF YOU ARE PRESENTLY EMPLOYED?


YES

NO

*Note to the applicant: In the spaces below, begin at the top with your present or most recent job and add preceding jobs as you go down this employment application. Include all military service assignments. If you require additional space, please continue on a separate sheet of paper in somewhat of a similar format.*

<b>1</b>	EMPLOYER:	SUPERVISOR:	DATES EMPLOYED	
			FROM:	TO:
	ADDRESS:	TELEPHONE NUMBER:		
	YOUR JOB TITLE:		HOURLY RATE/SALARY	
	WORK PERFORMED:		STARTING:	FINAL:
	REASON FOR LEAVING:		\$	\$
<b>2</b>	EMPLOYER:	SUPERVISOR:	DATES EMPLOYED	
			FROM:	TO:
	ADDRESS:	TELEPHONE NUMBER:		
	YOUR JOB TITLE:		HOURLY RATE/SALARY	
	WORK PERFORMED:		STARTING:	FINAL:
	REASON FOR LEAVING:		\$	\$
<b>3</b>	EMPLOYER:	SUPERVISOR:	DATES EMPLOYED	
			FROM:	TO:
	ADDRESS:	TELEPHONE NUMBER:		
	YOUR JOB TITLE:		HOURLY RATE/SALARY	
	WORK PERFORMED:		STARTING:	FINAL:
	REASON FOR LEAVING:		\$	\$
<b>4</b>	EMPLOYER:	SUPERVISOR:	DATES EMPLOYED	
			FROM:	TO:
	ADDRESS:	TELEPHONE NUMBER:		
	YOUR JOB TITLE:		HOURLY RATE/SALARY	
	WORK PERFORMED:		STARTING:	FINAL:
	REASON FOR LEAVING:		\$	\$

### EDUCATION DATA

 INSTITUTION AND LOCATION	COURSE OF STUDY	YEARS COMPLETED OR CREDITS	DIPLOMA/DEGREE AND YEAR GRADUATED
HIGH SCHOOL			
UNDERGRADUATE COLLEGE			
GRADUATE COLLEGE			
OTHER			

### SPECIALIZED SKILLS

*Note to the applicant: In the space below, describe any training, apprenticeship, or experience that has provided you with specialized skills that may be related to the position at IPS for which you are applying.*

**NARRATIVE:**

### COMPUTER SKILLS

**HARDWARE:**

**SOFTWARE:**

**PROGRAMMING LANGUAGES:**

### JOB RELATED MILITARY TRAINING/EXPERIENCES

*Note to the applicant: In the space below, describe any training received or work experiences in the United States military that may be related to the position at IPS for which you are applying.*

**BRANCH OF SERVICE:**

**FROM:**

**TO:**

**NARRATIVE:**

## REFERENCES

*Note to the applicant: List individuals who have knowledge of work you have performed, your work habits, etc.*

<b>1</b>	NAME:	COMPANY/TITLE:	PHONE NUMBER:	
	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
<b>2</b>	NAME:	COMPANY/TITLE:	PHONE NUMBER:	
	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
<b>3</b>	NAME:	COMPANY/TITLE:	PHONE NUMBER:	
	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
<b>4</b>	NAME:	COMPANY/TITLE:	PHONE NUMBER:	
	STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

## APPLICANT'S STATEMENT

*Note to the applicant: Do not answer the question immediately below unless you have been informed about the requirements of the position at IPS for which you are applying.*

**ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE POSITION OR OCCUPATION AT IPS FOR WHICH YOU HAVE APPLIED?**

YES

NO

## APPLICANT'S CERTIFICATION

- I HEREBY CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION AND MY ACCOMPANYING RESUME ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND EMPLOYMENT AND/OR CONTINUANCE AT IPS THEREOF IS CONTINGENT UPON THEIR ACCURACY. I AUTHORIZE IPS TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS EMPLOYMENT APPLICATION AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I ALSO RELEASE EMPLOYERS, SCHOOLS, AND INDIVIDUALS FROM LIABILITY IN RESPONDING TO THESE INQUIRIES MADE BY IPS.
- I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH IPS IS OF AN "AT WILL" NATURE, WHICH MEANS THE EMPLOYEE MAY RESIGN AT ANY TIME AND IPS MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF IPS.
- IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, RESUME, OR INTERVIEW(S) MAY RESULT IN THE TERMINATION OF MY EMPLOYMENT WITH IPS. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF IPS.



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*Signature of Applicant*

\_\_\_\_\_

*Today's Date*