**APPLICATION FOR EMPLOYMENT**

PRINT IN BLACK INK OR TYPE. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Use the 'TAB' key to move through the document. Resumes, while certainly welcome, should not be submitted in lieu of the information requested.

# GENERAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (Last)**      | **(First)**      | **(Middle Initial)**  | **Home Telephone**(   )     -      |
| Address (Mailing Address)      | **(City)**      | (State)   | (Zip)      | **Other Telephone**(   )     -      |
| **E-Mail Address**      | Are you legally entitled to work in the U.S.? [ ]  Yes [ ]  No |

# POSITION

|  |  |  |
| --- | --- | --- |
| Position Or Type Of Employment Desired      | **Will Accept:**[ ]  Part-Time[ ]  Full-Time[ ]  Temporary | **Shift:**[ ]  Day[ ]  Swing[ ]  Graveyard[ ]  Rotating |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? [ ]  Yes [ ]  No |
| **Salary Desired**      | **Date Available**      |

# EDUCATION AND TRAINING

|  |
| --- |
| High School Graduate Or General Education (GED) Test Passed? [ ]  Yes [ ]  NoIf no, list the highest grade completed    |
| **College, Business School, Military** **(Most recent first)** |
| Name and Location | Dates AttendedMonth/Year | Credits Earned | Graduate | Degree& Year | Major or Subject |
| Quarterly orSemesterHours | Other(Specify) |
|       | From       |       |       | [ ]  Yes[ ]  No |       |       |
| To       |      |
|       | From       |       |       | [ ]  Yes[ ]  No |       |       |
| To       |      |
|       | From       |       |       | [ ]  Yes[ ]  No |       |       |
| To       |      |
|       | From       |       |       | [ ]  Yes[ ]  No |       |       |
| To       |      |
| Occupational License, Certificate or Registration      | **Number**      | **Where Issued**      | **Expiration Date**      |
| Occupational License, Certificate or Registration      | **Number**      | **Where Issued**      | **Expiration Date**      |
| Occupational License, Certificate or Registration      | **Number**      | **Where Issued**      | **Expiration Date**      |
| Languages Read, Written or Spoken Fluently Other Than English      |

# VETERAN INFORMATION (Most recent)

|  |  |  |
| --- | --- | --- |
| **Branch of Service**      | **Date of Entry**      | **Date of Discharge**      |

**SPECIAL SKILLS** **(List all pertinent skills and equipment that you can operate)**

|  |
| --- |
| **(Maximum 1000 characters)**       |

**WORK EXPERIENCE (Most Recent First) (Show the last 7 years of work history; Include voluntary work and military experience)**

|  |  |  |
| --- | --- | --- |
| **Employer**        | **Telephone Number** (   )     -      | **From (Month/Year)**      |
| **Address**       |
| **Job Title**        | **Number Employees Supervised**       | **To (Month/Year)**      |
| **Specific Duties (Maximum 1000 characters)**      |
| **Hours Per Week**      |
|
| **Last Salary**      |
|
| **Supervisor**      |
|
| **Reason For Leaving**       | **May We Contact This Employer?**  [ ]  Yes [ ]  No |
| **Employer**        | **Telephone Number** (   )     -      | **From (Month/Year)**      |
| **Address**       |
| **Job Title**        | **Number Employees Supervised**       | **To (Month/Year)**      |
| **Specific Duties (Maximum 1000 characters)**      |
| **Hours Per Week**      |
|
| **Last Salary**      |
|
| **Supervisor**      |
|
| **Reason For Leaving**       | **May We Contact This Employer?**  [ ]  Yes [ ]  No |
| **Employer**        | **Telephone Number** (   )     -      | **From (Month/Year)**      |
| **Address**       |
| **Job Title**        | **Number Employees Supervised**       | **To (Month/Year)**      |
| **Specific Duties (Maximum 1000 characters)**      |
| **Hours Per Week**      |
|
| **Last Salary**      |
|
| **Supervisor**      |
|
| **Reason For Leaving**       | **May We Contact This Employer?**  [ ]  Yes [ ]  No |
| **Employer**        | **Telephone Number** (   )     -      | **From (Month/Year)**      |
| **Address**       |
| **Job Title**        | **Number Employees Supervised**       | **To (Month/Year)**      |
| **Specific Duties (Maximum 1000 characters)**      |
| **Hours Per Week**      |
|
| **Last Salary**      |
|
| **Supervisor**      |
|
| **Reason For Leaving**       | **May We Contact This Employer?**  [ ]  Yes [ ]  No |

**I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.**

### Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s Comments:

|  |
| --- |
|  |
|  |
|  |

**Intact Inspection Services, LLC is an equal opportunity employer. Accommodations to assist persons with disabilities are available upon request.**