

Application for Employment



IndusTREE Companies and/or related Subsidiaries, is an Equal Opportunity Employer. In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to color, race, religion, sex, national origin, age, disability, or veteran status. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation(s) to complete this application and/or during the interview process should notify a representative of the Human Resources Department.

PLEASE USE INK AND PRINT OR TYPE ALL INFORMATION

APPLICANT INFORMATION:			Today's Date:
FULL LEGAL NAME:			
Last:	First:	Middle:	
HOME ADDRESS:			
Number:	Street:		
City:	State:	Zip Code:	
PHONE NUMBERS:			
Cell Phone:	Home Phone:		
Email:	Best way to reach you: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email		

POSITION INFORMATION:	
POSITION(S) APPLYING FOR:	
Position Title:	Date Available:
Second Choice:	Third Choice:
How were you referred to IndusTREE:	Salary Desired:
Type of employment desired: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	If applicable, what shift do you prefer to work: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Any
Have you interviewed with IndusTREE before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List Date & Position below:	Have you been employed with IndusTREE before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List Date & Position below:
Date:	Date:
Position:	Position:
Do you have friends or relatives working at IndusTREE: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names, positions, and relationships below:	
Name/Position/Relationship:	
Name/Position/Relationship:	
Are you legally eligible for employment in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of identity & authorization will be required upon employment)</i>	
Have you ever been convicted of a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain giving jurisdiction, date(s) and circumstances below:	
<p><i>NOTE: Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated with regard to time, seriousness, and circumstances in respect to the job for which you are applying.</i></p>	

Have you entered any agreement with any person or company which would prevent you from disclosing, or would otherwise limit your disclosure, of business or technical information considered confidential by that person or company? Yes No

Name of person or company:

EMPLOYMENT EXPERIENCE:

List all full and part-time jobs held beginning with your most recent employment, accounting for the past 10 years. If additional space is required, please attach a separate sheet to this application.

COMPANY INFORMATION:

Company Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

Starting Salary:

Ending Salary:

May we contact this employer: Yes No (until after disclosure of leaving)

Employment Dates: From Date:

To Date:

Starting Position Held:

Current/Last Position Held:

Briefly describe your responsibilities:

Reason for seeking new employment:

Supervisor or Manager Reference:

Name:

Contact Info:

COMPANY INFORMATION:

Company Name:

Street Address:

City:

State:

Zip Code:

Phone Number:

Starting Salary:

Ending Salary:

May we contact this employer: Yes

Employment Dates: From Date:

To Date:

Starting Position Held:

Current/Last Position Held:

Briefly describe your responsibilities:

Reason for leaving position:

Supervisor or Manager Reference:

Name:

Contact Info:

EMPLOYMENT EXPERIENCE: (continued)

COMPANY INFORMATION:			
Company Name:			
Street Address:			
City:		State:	Zip Code:
Phone Number:		Starting Salary:	Ending Salary:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/>			
Employment Dates:	From Date:		To Date:
Starting Position Held:			
Current/Last Position Held:			
Briefly describe your responsibilities:			
Reason for leaving position:			
Supervisor or Manager Reference:	Name:		Contact Info:

COMPANY INFORMATION:			
Company Name:			
Street Address:			
City:		State:	Zip Code:
Phone Number:		Starting Salary:	Ending Salary:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/>			
Employment Dates:	From Date:		To Date:
Starting Position Held:			
Current/Last Position Held:			
Briefly describe your responsibilities:			
Reason for leaving position:			
Supervisor or Manager Reference:	Name:		Contact Info:

EDUCATION: List all education received to date.

HIGH SCHOOL/G.E.D.			
Name of Institution:			
City:		State:	
Major Course of Study/Subject:		Check last year completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA:	Degree:	

BUSINESS SCHOOL/VOCATIONAL			
Name of Institution:			
City:		State:	
Major Course of Study/Subject:		Check last year completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA:	Degree:	

COLLEGE			
Name of Institution:			
City:		State:	
Major Course of Study/Subject:		Check last year completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA:	Degree:	

GRADUATE SCHOOL			
Name of Institution:			
City:		State:	
Major Course of Study/Subject:		Check last year completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA:	Degree:	

OTHER			
Name of Institution:			
City:		State:	
Major Course of Study/Subject:		Check last year completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA:	Degree:	

SKILLS/TRAINING:

Indicate experience/training below (you may be required to take tests to verify any skill that you list).

List all relevant professional licenses and certificates that you hold, and the state(s) in which registration is held.

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COMPUTER SKILLS (list specific programs)

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TYPING

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FOREIGN LANGUAGE (If a foreign language is required in the position for which you are applying)

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OTHER

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If driving is an essential function of the position for which you are applying, do you have a valid driver's license? Yes No

License Number:

State of Issue:

Date of Issue:

ACKNOWLEDGEMENT – Please read carefully and acknowledge the following:

My signature constitutes certification that my responses on this application and all information on my resume, are true and complete; that I have not withheld any information which would adversely affect my application, and that I have read and understood this paragraph. My signature further constitutes my authorization for Industree Companies, Inc. to verify the facts submitted and for those with relevant information, including without limitation, state motor vehicle department, law enforcement agencies, schools and prior employers, and I release them from any liability for doing so.

I understand and agree that any falsification or omission from my resume, application, my responses to questions asked during the interviewing process, or on employment forms I may subsequently complete, shall be grounds for immediate termination of employment. I also understand that any offer does not constitute a contract, and that my employment can be terminated at any time by either party.

Signature:

Date:

FOR USE BY HUMAN RESOURCES:	
Date of Employment:	Job Number:
Position:	
Department/Division:	
Status: <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Summer Co-Op <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Co-Op Full-Time <input type="checkbox"/> Temporary Part-Time <input type="checkbox"/> Co-Op Part-Time	
Supervisor's Name:	Title:
Exemption Status: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly	