

Employment Application



Please print – All questions must be answered. I-Evolve is an Equal Opportunity Employer.

PERSONAL INFORMATION

Name: _____

Address: _____

(Street)

(City) (State) (Zip)

Home Telephone: _____ Cell: _____

EMPLOYMENT INTEREST

Position(s) applied for: _____ Date of application: _____

Salary range desired: _____ Date available for work: _____

Type of position: ☐ Full time ☐ Part time ☐ Other : _____

Are you available to work the following:

Overtime:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evenings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weekends:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays:	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Are you a U.S. citizen or an alien legally authorized to work in the U. S.? ☐ Yes ☐ No

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity on the first day of employment. Failure to submit such proof within the required time shall result in immediate employment termination.

Are you at least 18 years of age? ☐ Yes ☐ No If not, birthdate: _____

Note: We are required to obtain a work permit from all employees under age 18 before they begin work. Generally, work permits are issued at the school the minor is attending. If you are under 18 and do not currently have a work permit, please contact your school.

Referral source: _____

Have you applied to our company before? ☐ Yes ☐ No If yes, when? _____

Have you been employed by our company before? ☐ Yes ☐ No If yes, when? _____

Do you have any relatives employed by this company? ☐ Yes ☐ No If yes, list names, relationships & positions: _____

Employment Application



Have you ever been discharged or suspended by an employer? ☐ Yes ☐ No If yes, describe:

EMPLOYMENT HISTORY

Starting with your most recent employment, list recent employment including self-employment, summer, part-time, and part or full-time military service. You may include any work performed on a volunteer basis.

Company	From (month/year)	To (month/year)
Street	Job Title	Supervisor
City, State, Zip	Telephone	
Work performed	Reason for leaving (or planning to leave)	

Company	From (month/year)	To (month/year)
Street	Job Title	Supervisor
City, State, Zip	Telephone	
Work performed	Reason for leaving	

Company	From (month/year)	To (month/year)
Street	Job Title	Supervisor
City, State, Zip	Telephone	
Work performed	Reason for leaving	

Employment Application



EDUCATION

If you did not complete high school, do you have a high school equivalency diploma (GED)? ☐ Yes ☐ No

	Name and Location of Institution	Type of Degree or Diploma	Major course of study	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Training or Skills (Special courses, computers, typing, special licenses, permit or certificates)

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Please identify the job for which you are applying and write a paragraph as to why you are qualified

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REFERENCES

List three References you have known over three years who are not related to you:

Name	Company/Occupation	Years Known	Telephone Number

Employment Application



Notice to all applicants:

Employment with the Company may be contingent upon the applicant passing a reference check, background check and/or drug screening test. If applicable, the drug screening test will be administered at a time and place specified by the company. The Company has the right to revoke any offer of employment based on the failure of a drug screen or a failed background check.

The Company is authorized to investigate all statements made on the application and to discuss the results of its investigations with those responsible for hiring. The Company may also contact my former employer(s) or other persons who can verify information.

I have read and agree to the conditions stated above. I give my consent to former employer(s) and other contact persons to respond to questions pertaining to information on this application. Further I release from liability such former employer(s) or other persons contacted by and providing information to the Company. I acknowledge that all the above statements are true. Falsification on an employment application is grounds for immediate termination.

Applicant Name (*Please print*): _____

Applicant Signature: _____

Date: _____