

Application for Employment

Position you are applying for: _____ Date available to start: _____ Desired Salary: _____

PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MIDDLE NAME		
ADDRESS	CITY	STATE	ZIP	
HOME PHONE	CELL PHONE	E-MAIL ADDRESS		
Last four digits of your Social Security Number: _____		Are you a U.S. Citizen? YES NO		
Are you legal eligible to work in the United States? YES NO		Have you ever been convicted of a felony? YES NO		
If selected for employment are you willing to submit to a pre-employment drug screening test? YES NO				

EDUCATION				
School Name	Location	Years Attended	Degree(s) Received	Major

LIST ALL TRAINING, CERTIFICATIONS AND/OR LICENSES HELD:

EMPLOYMENT HISTORY	
Employer: _____	Dates Employed: _____ to _____
Work Phone: _____	Pay Rate: \$_____ Per _____
Address: _____	City: _____ State: _____ Zip: _____
Position: _____	Duties Performed: _____
Supervisor's Name & Title: _____	May we contact them? YES NO
Reason for leaving: _____	

REFERENCES			
Name	Title	Company	Phone

ADDITIONAL INFORMATION
Have you ever worked for or applied for a position at IWT before? YES NO If yes, when? _____
Do you have any relatives, friends and/or acquaintances who currently work (or have ever worked) for IWT? YES NO
If yes, please list their name(s) and relationship: _____

ACKNOWLEDGEMENT and AUTHORIZATION
<input type="checkbox"/> I certify that all answers given herein are true and complete to the best of my knowledge.
<input type="checkbox"/> I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.
<input type="checkbox"/> In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status or disability.

Signature of Applicant _____

Date _____