

## **Employment Application**

Date:	
Duce.	

Name:		
Last	First	Middle
Telephone:	Email:	Alternate telephone:
Address:		
Are you at least 18 ye	ears or older? (If no, you may be r	required to provide authorization to work) Yes 🗖 No 🗂
Are you able to perfo	rm the essential functions of the p	position with or without accommodations? Yes $lacksquare$ No $lacksquare$
Are you legally eligibl	e for employment in the U.S.A.? (	If yes, I-9 verification will be required) Yes $\square$ No $\square$
Have you applied to I	ntellicor before? Yes 🗖 🛛 No 🗖	
Were you ever emplo	yed by Intellicor? Yes 🗇 No 🗇	If yes, when?
Have you ever been to	erminated from employment or bee	en asked to resign? Yes 🗇 🛛 No 🗖
If yes, please provide	the company name(s) and details	
Are you looking for Fi	ull time or Part time? Full time $f \Box$	Part time 🗖
I am seeking a perma	nent position: Yes 🗖 🛛 No 🗖	
I am available to wor	k the following shifts: 1st $f \Box$ 2nd	□ 3rd □
Can you work overtim	e, including weekends? Yes 🗖	No 🗖
Provide a valid driver	s license: Yes 🗖 No 🗖 State:	
When would you be a	vailable to begin work?	

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and location:	Position title/duties, skills:		Start date:	End date:
	-		Reason for	leaving:
Pay: _\$	_			
Per:	Supervisor:	Telephone:		
Employer name and location:	Position title/duties, skills:		Start date:	End date:
	-		Reason for	leaving:
Pay: _\$				
Per:	Supervisor:	Telephone:		
Employer name and location:	Position title/duties, skills:		Start date:	End date:
	-		Reason for	leaving:
Pay: _\$				
Per:	Supervisor:	Telephone:		

College/university Business/technical					
Additional					
Military Service? Duty/specialized traini	Yes	No			
Other qualifications su	ich as special skills, at	ilities or honors	that should be o	considered:	
Types of computers, s	oftware, and other eq	uipment you are	e qualified to ope	erate or repair:	
Professional licenses,	certifications or regist	rations:			
Additional skills includ	ling supervision skills	other language	s or information	regarding the career	occupation you wish to bring
to the employer's atte	- ·	other language.			voccupation you wish to bring
List two personal refe	rences who are not re	latives or forme	supervisors wh	om vou have known	at least one vear
	ences who are not re				at least one year.
Name	Address		Telephone	Occupation	Years known
Name	Address		Telephone	Occupation	Years known
		EMERGE	NCY CONTAC	Т	
In case of accident or	illness, please contact	: Name:		Daytime	phone:
Address:				Relationship:	
As part of our procedure for					
request for information deri	ved from the checking of y	our references.			job. You may make a written
					rk in the United States, have a Id agree to the information shown
above.		-			-
Signature of Applicant				Date	e
		overs are required h		a an Affinnative Astion D	rogram all employers are required to
and failure to provide it will		our national origin, i	ace and sex for pla		oses only. This information is optional
EMPLOYER SECTION: Hire Date:	opportunity and may ask y	our national origin, i	ace and sex for pla		

Years

completed

Institution name

High school

Field of study

Graduate or degree

Full or part time:\_\_\_\_\_

Salary/Rate:\_

Manager Approval Signature:\_\_\_