



# APPLICATION FOR EMPLOYMENT

*Equal Opportunity Employer*

Last Name	First Name	MI	Date of Application

Street Address	City	ST	Zip

Home Phone	Cell Phone

## General Information

If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously filed an application with us? If yes, please provide date: /	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously been employed by INOAC? If yes, please provide date: /	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we have your permission to contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "layoff" status and subject to recall by your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any member of your immediate family held employment with INOAC? <i>If yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>(In accordance US Department of Homeland Security requirements, proof of citizenship and identity will be required if you are selected for hire.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony <i>(Conviction will not necessarily disqualify an Applicant from consideration)? If yes, please explain and provide dates:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What type of work status are you seeking?				What shifts are you available to work?		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd

What Type of Position are you Seeking?			
<input type="checkbox"/> Maintenance Tech	<input type="checkbox"/> Mold Tech	<input type="checkbox"/> Process Tech	<input type="checkbox"/> Production Associate
<input type="checkbox"/> Quality Tech	<input type="checkbox"/> Shipping	<input type="checkbox"/> Other <i>(do not write "Any"):</i>	

What are your salary expectations?			
\$	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Annually



## Employment History

Beginning with your most recent employer, please list all Employment History for the past ten (10 years).

Name of Company		Start Date	End Date	
Street Address		City		ST Zip
Name of Supervisor		Telephone Number		
Position Held	Reason for Leaving This Position			
Beginning Salary		Ending Salary		

Name of Company		Start Date	End Date	
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Street Address		City		ST Zip
Name of Supervisor		Telephone Number		
Position Held	Reason for Leaving This Position			
Beginning Salary		Ending Salary		



### ***Special Skills and Qualifications***

Please provide details regarding any specific job-related skills and qualifications that you have acquired through prior work experience.

	Elementary School					High School				Undergraduate College/University	Graduate/ Professional
<b>Name</b>											
<b>City/State</b>											
<b>Highest Grade Completed</b>	4	5	6	7	8	9	10	11	12		
<b>Diploma/Degree</b>											
<b>Describe Your Course of Study</b>											
<b>Describe any Specialized Training, Apprenticeship and or Extra-Curricular Activities.</b>											
<b>Describe any Honors you may Have Received.</b>											

### ***References***

Please provide the name and contact information for three (3) individuals who are not related to you nor have they been previous supervisors:

<b>Name</b>	<b>Address</b>	<b>Telephone Number</b>



## ***Applicant's Statement of Truth – Please Read Before Signing***

By my signature, I certify that the information provided in this *Application for Employment* (and accompanying resume or documentation) is true, complete and accurate. I further acknowledge and understand that false or omissions of information may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

I authorize the investigation of all statements contained in this *Application for Employment* (and accompanying resume or documentation). I also authorize INOAC to contact my present employer (unless otherwise noted on this *Application for Employment*), past employers and references. I understand that INOAC may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation and mode of living and I specifically authorize such investigation in conjunction with this *Application for Employment*.

I authorize any person, school, current or past employer and organizations named in this *Application for Employment* (and accompanying resume or documentation) to provide INOAC with relevant information and opinion that may be useful to INOAC in making a hiring decision and, I release such persons and organizations from any legal liability in making such statements.

I hereby consent to a complete physical examination, including x-rays after an Offer of Employment has been made and further agree to submit to a drug screening examination prior to or after an Offer of Employment has been made. I understand that any such Offer of Employment is contingent upon the satisfactory result of any physical examination and drug screening. I further consent to the release to INOAC of any and all medical information as may be deemed necessary by INOAC. If hired, I further consent to searches of any area on Company premises, including but not limited to desks, lockers, lunch boxes, brief cases, parking lots and automobiles.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the stated terms of my wages, be terminated at any time. I understand and agree that my employment relationship with INOAC, if hired, is an employment-at-will relationship and may be terminated by either me or INOAC at any time with or without cause.

I understand that no person is authorized to change the terms mentioned in this *Application for Employment* and I understand that this *Application for Employment* is not and is not intended to be a Contract for Employment.

<b>Signature</b>	<b>Date</b>
<b>Witness</b>	<b>Date</b>

To whom it may concern:

I understand that the Company or an Agent of its choice conduct a thorough background investigation before rendering a final decision regarding my eligibility for employment. This investigation may include inquiries as to my abilities, character, reputation and physical fitness.

To facilitate this investigation, I do hereby give my consent and authority for any educational institution, hospital, medical doctor, police agency or credit reporting agency to furnish information from their records to the Company or an Agent of its choice.

With regard to any credit reporting agency which might be contacted by the Company, or an Agent of its choice, I understand that I may inquire as to identification as to those credit reporting agencies contacted and the Company will advise me as to their identity and the nature and scope of the information furnished, upon receipt of my written request for such.

<b>Signature</b>	<b>Date</b>		
<b>Witness</b>	<b>Date</b>		
<b>Last Name of Applicant</b>	<b>First Name of Applicant</b>	<b>MI</b>	
<b>Street Address</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>