



PLEASE PRINT ALL
INFORMATION EXCEPT YOUR
SIGNATURE

Date Received by IES

Please complete all pages and indicate N/A as need. Do not leave any areas blank.

Today's Date: _____ SSN: _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Permanent Address _____

Telephone () _____ Alternate Telephone () _____ Daytime telephone () _____

Are you under 18 years of age: Yes ___ No ___

Position applied for (1) _____ Days available to work:
 No Pref _____ Thur _____
 Salary desired (2) _____ Mon _____ Fri _____
 (Be specific) Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights or evening shift? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Applicant Name: _____

SS# _____

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No Honorable Discharge Yes _____ No _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Military Branch _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give the firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Full Name of last supervisor	Employment dates Month/Year	Hourly pay or weekly/monthly salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

Summary of responsibilities:

Name of employer Address City, State, Zip Code Phone number	Full Name of last supervisor	Employment dates Month/Year	Hourly pay or weekly/monthly salary
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific)

Summary of responsibilities:

Applicant Name: _____

SS# _____

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Additional Continuation Sheet

Date received by IES

APPLICATION FOR EMPLOYMENT

Work experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Full Name of last supervisor	Employment dates month/year	Hourly pay or weekly/monthly salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

Summary of responsibilities:

Name of employer Address City, State, Zip Code Phone number	Full Name of last supervisor	Employment dates month/year	Hourly pay or weekly/monthly salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

Summary of responsibilities:

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who assisted you _____

Applicant Name: _____

SS# _____

PLEASE READ CAREFULLY

EMPLOYMENT APPLICATION ADDENDUM

In exchange for the consideration of my job application by Innovative Employment Solutions (IES), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other IES practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of IES, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the management of IES. Both the undersigned and IES may end the employment relationship at any time, without specified notice or reason. If employed, I understand that IES may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this employment application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give IES permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release IES from any liability as a result of such contract.

I also understand that (1) IES has a drug and alcohol policy that provides for pre-employment testing for certain positions, as well as testing after employment for certain positions; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I understand that even if I am deemed ineligible for certain positions, I will report my eligibility for employment regularly in order to remain employment ready and in active status.

I understand that, in connection with the routine processing of your employment application, IES may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, IES, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with IES shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with IES is terminable at will for any reason by either party. In the event that my assignment with an IES Client is terminated or ends, my employment with IES is not terminated. I understand I must call IES after assignment end, for further assignment. Failure to call IES will be considered voluntary resignation and may affect my unemployment benefits.

Signature of applicant _____ **Date:** _____

IES is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with IES depends solely on your qualifications.

Thank you for your interest in employment with Innovative Employment Solutions!!!

Applicant Name: _____

SS# _____

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POST EMPLOYMENT PERSONAL INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED:

Height _____ ft. _____ in. Weight _____ Birth date _____

Married Yes No If married, how long? _____ Single Separated Divorced Widowed

Full name of spouse _____ Occupation _____

Spouse's Employer _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

Cobra Acknowledgement

NAME	RELATIONSHIP	BIRTH DATE	SSN

Note: Insurance benefits offered to Full time employees only, after 90 day probationary period.

TO BE COMPLETED
BY Innovative Employment Solutions

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number (if applicable) _____

Name of person verifying information _____

Name of person authorizing employment _____

