



Application for Employment

Please Print

Date: _____

Full Name: _____

Street Address: _____

City/State/ZipCode: _____

Phone Number : _____

Are you under 16? Yes No

Are you a US Citizen? Yes No Do you have a work visa? Yes No

How have you heard of INTEK? _____

Do you have a valid drivers license? _____

Drivers License Number: _____

Any Violations within the last 3 Yrs? _____

Have you been convicted of a crime? _____

If yes pleas explain (for example DWI, moving violation, sex offense) _____

Do you have friends or relatives working at INTEK currently? Yes No

If yes; who _____

List name and address of emergency contact person _____

Do you have any disabilities or previous medical history that would prevent you from performing the job duties? Yes No

If Yes; explain

Employment History

1. Present or last employer: _____
Address: _____
Supervisor: _____ Phone Number: _____
Dates employed: _____ Position: _____
Starting wage: _____ Ending wage: _____
Would you work for them again? Yes No

2. Employer: _____
Address: _____
Supervisor: _____ Phone Number: _____
Dates employed: _____ Position: _____
Starting wage: _____ Ending wage: _____
Would you work for them again? Yes No

3. Employer: _____
Address: _____
Supervisor: _____ Phone Number: _____
Dates employed: _____ Position: _____
Starting wage: _____ Ending wage: _____
Would you work for them again? Yes No

May we contact your current employer? Yes No

May we contact your last employer? Yes No

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I also understand that by signing this application I agree to all of the provisions, which I have read and understand if employed. Falsified statements on this application shall be sufficient cause for dismissal.

Signature

Date

Placement

Type of position you are seeking? _____

List all skills or past experiences that will make you proficient or qualified for the position you are seeking:

Starting salary you are seeking? _____

When can you begin? _____

Would you like full or part time work? _____

Would you like to work day or nights? _____

Would you have any problem working nights or weekends? Yes No

Education

High School:

_____ From: _____ To: _____

Grade average: _____ Did you receive a diploma? _____

College or University: _____

From: _____ To: _____ Grade Average: _____

Degree: _____

Other educational training:

Targeted Job Tax Credit Benefits

Are you presently or have you ever been associated with Targeted Job Tax Credit Benefit? Below is a listing of situations that would qualify you for this program. Please circle any of the following that may apply to you:

1. A handicapped individual undergoing vocation rehabilitation.
 2. An individual who is at least 18 but more than 24 years of age and is a member of an economically disadvantaged family.
 3. An individual receiving federal welfare benefits.
 4. An individual receiving state and local general assistance for 30 or more days ending with the 60-day period ending on the hiring date.
 5. An individual age 16 thru 19 who is a participant in a qualified cooperative education program.
 6. An ex-convict who is a member of an economically disadvantaged family and is hired not more than 5 years after the last date of conviction or of release from prison.
 7. An eligible work Incentive employee or participant in a work Incentive demonstration program.
 8. A qualified summer youth employee.
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“AN EQUAL OPPURTUNITY EMPLOYER”

We do not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, and marital status, with regard to public assistance or disability. No question on this application is intended to secure information to be used for such discrimination. Pursuant to the Rehabilitation Act of 1973, handicapped individuals are invited to identify themselves in order to take affirmative action to assist in the voluntary and failure to provide it will not subject you to discharge or disciplinary treatment. Information you submit will be kept confidential and will be used only as provided by law.

This paragraph for management, security and high-risk application.

In processing this application we may request that an Investigative consumer report be prepared which may include information as to your character, general reputation, police record, and personal characteristics. You have the right to request that we completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be in writing to us with in a reasonable time after you have completed this application.

I hereby acknowledge that I have read the forgoing disclosure and understand the same.

Signature

Date