



Application For Employment

An Equal Opportunity Employer

Applications active for 90 days.
Only completed applications will be considered

Part 1. Information About You

Full Name (Last, First, Middle)

SSN

Present Address (Number, Street, City, State, Zip)

Phone Number

Permanent Address (Number, Street, City, State, Zip)

Phone Number

Have you applied to ITL within the last 12 months? Yes No

Have you ever been employed by ITL? If "Yes", list position and approx. date Yes No

Do you have restriction as to work location? If "Yes", please explain. Yes No

Are You:

Citizen of The United States

Permanent Resident Alien

Alien Registration Number (A#)

Expiration Date

on a Work Visa

Visa Number

Expiration Date

Have you ever been convicted of a crime involving narcotics, force or violence, use of a dangerous weapon or dishonesty? If "Yes", list nature of offense, date and location. Yes No

Part 2. Survey

How did you hear about us?

Please Specify

Do you have any relatives/ friends employed here? If "Yes", please list.

Yes No



Part 3. Employment Interests

Type of employment desired: Full Time Part Time Temporary

Date available for employment Minimum salary desired

Briefly describe the type of work you desire, indicating areas of training and experience which you could apply. Our ability to evaluate your experience depends largely upon the information furnished here. You may list achievements including patents, publications, description of graduate thesis, and languages spoken fluently.

Part 4. Education

Graduate

Location Grad. Date Number of Years Completed

Course of Study

Undergraduate

Location Grad. Date Number of Years Completed

Course of Study

High School

Location Grad. Date Number of Years Completed

Course of Study

List Other Education, Specialized Training or Courses/ Scholastic Honors



Part 5. References List three persons (no relatives)

	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Years Known			
Company			
Position			
Address			
Phone			
Email			

Part 6. Employment History (List most recent first)

Present Employer

Address

City, State, Zip

Employed From

Employed Until

Starting Wage/ Salary

Ending Wage/ Salary

Title

Responsibilities

Reason(s) for Leaving

Supervisor

Phone Number

Ext.

Email

Permission to Contact?



Previous Employer

Address

City, State, Zip

Employed From

Employed Until

Starting Wage/ Salary

Ending Wage/ Salary

Title

Responsibilities

Reason(s) for Leaving

Supervisor

Phone Number

Ext.

Email

Permission to Contact?

Previous Employer

Address

City, State, Zip

Employed From

Employed Until

Starting Wage/ Salary

Ending Wage/ Salary

Title

Responsibilities

Reason(s) for Leaving

Supervisor

Phone Number

Ext.

Email

Permission to Contact?



This is to inform you that as part of our procedure for processing your employment application, an investigation may be made whereby information is obtained from consumer or other reporting agencies or through personal interviews with your neighbors, friends and others with whom you may be acquainted or who may have information concerning your character, general reputation, personal characteristics or mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature, scope, and result of this investigation.

CONSENT

I voluntarily give the Company the right to make investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability all persons, companies or corporations supplying such information. A police computer check may also be requested by the company for verification of information concerning past felony convictions. I consent to taking the post offer of employment physical examination and such future physical examinations as may be required by the Company. I understand that any misrepresentation by me on this application or any supplement thereto or in connection with the above mentioned investigation on physical examination(s) will be sufficient grounds for immediate discharge or rejection from consideration.

Section 503 of the Rehabilitation Act of 1973 required government contractors to take affirmative action to employ and advance in employment qualified disabled individuals. If you have such disability and would like to be considered under the Affirmative Action Program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment of any type. The information will be kept confidential except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and necessary accommodations and first aid and safety personnel may be informed if the condition may require emergency treatment. Government officials may be informed as required by the Act.

It is understood that this form is merely an application for employment, and does not constitute any contract of employment, and that my employment and compensation can be terminated, with or without notice, at the option of either ITL or myself. Any unwritten promises or assurances to the contrary are unenforceable.

Date

Signed By

Print Name

This section to be completed by ITL only after hire (for information purposes only)

_____ Job Title		_____ Department		_____ Effective Hire date		_____ Job Grade	
_____ Salary or Rate		_____ Date of Birth		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly		_____ Hired by		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		In case of emergency please notify (Name, Relationship, Address, Phone)					