



IM Solutions takes pride in being an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment. Applications are received and employees are hired without regard to race, color, religion, sex, age, national origin, marital status, disability or any other status or condition protected by applicable federal, state or local laws, government regulations and executive orders. The receipt of this application does not mean that job openings exist and does not obligate IM Solutions in any way. Thank you and we appreciate you interest in our organization.

Date: _____ Position Desired: _____

Name: _____

Present Address: _____

How long have you lived at above address: _____

Previous address: _____

Phone: _____

Are you over the age of 18? ____ yes ____ no. If no, employment is subject to verification that you are of minimum legal age.

What languages can you read, speak and write fluently? _____

Are you a citizen of the United States? ____ yes ____ no. If not a citizen of the US, can you provide proof that you can legally be employed in the US? ____ yes ____ no

Florida Drivers License# : _____

Is or has your Driver's License ever been suspended? ____ yes ____ no

If yes, specify dates of suspension: _____

For purpose of driving the Company vehicles, list driving record for past three years (tickets, accidents)

In case of emergency notify. Name: _____

Address: _____

Phone: _____

Have you ever applied to this Company before? ____ yes ____ no

Are you employed now? ____ yes ____ no

If yes, may we contact your present employer? ____ yes ____ no

Does your present employer know of your plans to change employment? ____ yes ____ no

EMPLOYEE INITIALS

Why do you desire to make a change? _____

Have you ever been discharged or requested to resign from a position? ____ yes ____ no

If yes, explain: _____

Date available for work: _____

What salary do you expect? _____

Have you ever been convicted of any crime other than a minor traffic violation? ____ yes ____ no

If yes, indicate date, court and place where offense occurred:

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? ____ yes ____ no. If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it.

Have you received compensation of injuries at work? ____ yes ____ no

If yes, describe: _____

Education

	High School	College/University	Graduate/Professional
School Name			
Years Completed/Degree	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			

Describe specialized training, apprenticeship and skills.

 EMPLOYEE INITIALS

Employment

Give a complete record of all employment you have had within the last ten (10) years. If your name has changed, please so indicate.

Employers Name: _____

Address: _____

Phone: _____

Name of Supervisor: _____

Employed From: (month/year): _____ To: (month/year): _____

Description of duties: _____

Rate of pay: _____

Why did you leave? _____

Employers Name: _____

Address: _____

Phone: _____

Name of Supervisor: _____

Employed From: (month/year): _____ To: (month/year): _____

Description of duties: _____

Rate of pay: _____

Why did you leave? _____

Employers Name: _____

Address: _____

Phone: _____

Name of Supervisor: _____

Employed From: (month/year): _____ To: (month/year): _____

Description of duties: _____

Rate of pay: _____

Why did you leave? _____

Please attach additional pages if necessary.

EMPLOYEE INITIALS

References (do not list relatives or former employers)

Name: _____

Address: _____

Phone: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agency or bureau of your choice.

“I agree to be employed on a ninety (90) calendar days’ probationary period that I may be dismissed at any time during this period at the discretion of the employer.”

“I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references and any other person to answer all questions asked concerning my ability, character, general reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.”

Signature: _____

Date: _____

EMPLOYEE INITIALS