



Employment Application

ICWG is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, age, sex, marital status, national origin, disability, veteran status or any other status protected by law.

Please print or type. Incomplete or unsigned forms will not be considered for employment. If you need help to filling out this application form or during any phase of the application, interview, or employment process, please notify the person who gave you this form and every reasonable effort will be made to accommodate your needs in a timely manner.

APPLICANT INFORMATION									
Last Name: _____		First Name: _____		M.I. _____	Date: _____				
Street Address: _____				Apartment/Unit #: _____					
City: _____		State: _____		ZIP: _____					
Phone: _____		E-mail Address: _____							
Date Available: _____		Position Applying For: _____			Desired Salary: \$ _____				
Are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Proof will be required if selected for hire.					
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when? _____					
Do you have any relatives employed by ICWG?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, list name/location: _____					
Are you at least 18 years old?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, you may be required to provide work authorization.					
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?		YES <input type="checkbox"/> NO <input type="checkbox"/>							
AVAILABILITY									
Are you available to work any shift needed?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you available to work weekends?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please indicate times available to work each day:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		From:							
		To:							
EDUCATION									
High School: _____		Address: _____							
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree		_____							
College or Vocational School: _____		Address: _____							
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree		_____							
Other training or degrees: _____		Address: _____							
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree		_____							



REFERENCES

Please list three professional references.

Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address: _____			
Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address: _____			
Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address: _____			

WORK HISTORY

Company:	_____	Phone:	_____		
Address:	_____	Supervisor:	_____		
Job Title:	_____	Starting Salary: \$	_____	Ending Salary: \$	_____
Responsibilities: _____					
From:	_____	To:	_____	Reason for Leaving:	_____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company:	_____	Phone:	_____		
Address:	_____	Supervisor:	_____		
Job Title:	_____	Starting Salary: \$	_____	Ending Salary: \$	_____
Responsibilities: _____					
From:	_____	To:	_____	Reason for Leaving:	_____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company:	_____	Phone:	_____		
Address:	_____	Supervisor:	_____		
Job Title:	_____	Starting Salary: \$	_____	Ending Salary: \$	_____
Responsibilities: _____					
From:	_____	To:	_____	Reason for Leaving:	_____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					



APPLICANT'S CERTIFICATION & AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize ICWG to verify their accuracy and to obtain reference information on my work performance. I hereby release ICWG from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature _____

Date _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.