

APPLICATION

FOR

EMPLOYMENT

IES, INC.

**APPLICATION
FOR
EMPLOYMENT**

*IES, Inc. is an equal opportunity
employer*

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____
Social Security Number: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Are you a U.S. Citizen? Circle one: Yes No
If not a U.S. Citizen, provide Visa No. and Expiration Date: _____
Do you hold a Valid California's Driver's License? Yes No
CDL No.: _____ Expiration Date: _____
Is It OK For IES, Inc. To Contact Your Current Employer? Yes No
Position You Are Applying For: _____
Salary Requirement: _____
Date You Can Start _____
Referred By: _____
Have You Previously Applied For A Job With With IES, Inc.: Yes No
If Yes, When: _____
Have You Been Convicted Of A Felony Within the Past Seven Years? Yes No
If Yes, Please Explain: _____

EDUCATION RECORD

High School (Name, City, State): _____
Graduation Date: _____
Trade School (Name, City, State): _____
Dates Attended: _____ Degree Earned: _____
Undergraduate College (Name, City, State): _____
Dates Attended: _____ Degree, Major: _____
Graduate School (Name, City, State): _____
Dates Attended: _____ Degree, Subject: _____

WORK HISTORY FOR YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT

1 - Employer _____
Dates Employeed: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Ending Salary: _____ Hourly Weekly Monthly Annually
Title(s) / Duties: _____

Manager's Name and Title: _____
Reason For Leaving: _____

2 - Employer
Dates Employeed: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Ending Salary: _____ Hourly Weekly Monthly Annually
Title(s) / Duties: _____
Manager's Name and Title: _____
Reason For Leaving: _____

3 - Employer
Dates Employeed: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Ending Salary: _____ Hourly Weekly Monthly Annually
Title(s) / Duties: _____
Manager's Name and Title: _____
Reason For Leaving: _____

BUSINESS OR ACADEMIC REFERENCES

1 - Name: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship To You: _____

2 - Name: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship To You: _____

3 - Name: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship To You: _____

In Order For Us To Evaluate Your Application Completely, Please Compose Responses To The Following Questions.

1. How Do You Feel Your Past Employment Relates To The Position You Are Applying For?

2. What Do You Think You Could Contribute To Our Company?

3. Of All Of Your Jobs, Which One Did You Enjoy The Most And Why?

4. Which Of Your Jobs Did You Like The Least And Why?

5. Were The Hours Of Work Too Long In Any Of Your Past Jobs? If Yes, Describe.

6. Have You Ever Supervised The Work Of Others? If Yes, Describe.

7. Have You Ever Been Bored With Your Work?

8. Were You Ever Fired From A Job? If Yes, Why?

PLEASE READ AND SIGN

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

Signature: _____

Date: _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION

File Number (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize IES, Inc. and/or its agents to make an independent investigation of my background, which may include character, general reputation, personal characteristics, and mode of living in connection with an application of employment with IES, Inc.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish IES, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____
 Print Maiden Name or Other Names Used: _____
 Present Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth (for I.D. purposes only): _____
 Social Security Number: _____
 Driver's License Number: _____ State of Issue: _____

IES, Inc. will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone / cell phone number where we may contact you.

Phone Number: _____ Cell Phone: _____

NOTICE TO CALIFORNIA RESIDENTS:

If you would like to receive a copy of your background information obtained by IES, Inc. please indicate by circle the following: YES - PLEASE SEND ME A COPY OF MY REPORT.

Signature: _____ Date: _____

California, Minnesota and Oklahoma Residents Only:	
If a consumer credit report is ordered, would you like a free copy of the report mailed to your home?	
YES	NO
Signature: _____	Date: _____

I hereby certify that the information given in this application is true and correct. I understand that my answers contrary to the truth may be grounds for dismissal or refusal to hire and that nothing has been withheld that would affect my employment.

By signing this form, I agree and understand that my driving record may be investigated and that the results of the investigation will be utilized as a selection factor during the employment process.

Signature Applicant

Date

**Substance Testing
Consent Form**

IES, INC.

Please Read Carefully

I understand that IES, Inc. is committed to providing a productive and safe work environment for all employees. To further this goal, IES, Inc. has established a substance testing program. The program is administered in accordance with applicable federal, state and local laws.

Consistent with this program, I freely and voluntarily consent to provide blood, breath, hair, saliva, and/or urine samples, in accordance with IES, Inc.'s policy and to the extent permitted by law, to determine whether drugs or other chemical intoxicants (including alcohol in appropriate cases) are present in my system. I agree to fully cooperate with IES Inc., its representatives, agents, medical review officer (if any) and any representative or agent of a clinic, laboratory and/or hospital involved in the sample collection, testing, evaluation, reporting and confirmation process.

I further consent and authorize the release of all information generated by or obtained from my participation in the substance testing program to IES Inc., its agents, representatives, insurers and appropriate governmental agencies such as the state unemployment or workers compensation commissions to the extent permitted by law.

To the extent allowed by law, I release and hold harmless, individually and collectively, each person or business entity involved with the sample request, collection, testing, evaluation, reporting and for any decisions, adverse or otherwise, made concerning my employment (or benefits) eligibility based on test results.

I understand that my failure to comply in all respects with the terms contained herein, or a positive test result at the level established by IES, Inc., may be grounds to deny or terminate my employment, or for other lawful consequences at IES Inc.'s sole discretion.

Print Name

Signature

Date

Affirmative Action Questionnaire

IES, INC.

To assist us in our Affirmative Action efforts and help us comply with federal and state record keeping, reporting and compliance, we request the following information. This confidential questionnaire is NOT a part of the employment process and it will be separated from your application. Your cooperation in providing this information on a voluntary basis will be appreciated.

Completion of this form is voluntary

Position Applied For: _____ Date: _____

Name: _____ Year of Birth: _____

Sex: Male Female (please circle one)

U.S. Military Veteran: Yes No (please circle one)

_____ Vietnam Vet (anyone who served on active duty, any part of which occurred between 8/5/64 and 5/7/75, and who separated with other than dishonorable discharge. Anyone discharged from active duty for a service-connected disability).

_____ Disabled Vet (30% disability or more)

Do you currently have a disability that is covered under the Americans With Disabilities Act?

Yes No (please circle one)

Ethnic Background:

_____ White (Not of Hispanic Origin)

_____ African American (African decent as well as Jamaican, Trinidadian and West Indian origin)

- ___ **Hispanic (Mexican, Puerto Rican, Cuban, Latin American or Spanish origin)**
- ___ **Asian/Pacific Islander (Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani or East Indian origin)**
- ___ **American Indian/Alaskan Native (American Indian, Aleuts, Eskimos)**
- ___ **Other**

Thank you for your participation.

Employment Verification

IES, INC.

To Whom It May Concern:

The applicant named below is being considered for employment as _____ with our Company.

The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us in the enclosed self-addressed stamped envelope.

Very Truly Yours,

IES, Inc.

Name of Applicant:

Social Security No.: _____

Name of Former Employer:

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company, or institution to furnish IES, Inc. with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including IES, Inc., from

any and all liability whatsoever that it might otherwise be incurred in furnishing such information.

Signature of Applicant

RECORD OF EMPLOYMENT

Date(s) of Employment: _____

Position(s) Held: _____

Reason Employment Ended:

Please rate the Applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Average	Poor
Initiative	Excellent	Good	Average	Below Average	Poor
Attendance	Excellent	Good	Average	Below Average	Poor
Conduct	Excellent	Good	Average	Below Average	Poor

Would you rehire Applicant? ___ Yes ___ No

Signature

Title

Date