



APPLICATION FOR EMPLOYMENT

Position(s) Applied for
How Did You Learn About This Position?
<input type="checkbox"/> Ingersoll Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Family <input type="checkbox"/> Employment Department <input type="checkbox"/> Job Posting (Specify: _____) <input type="checkbox"/> Other: _____

Print Name (Last, First, & Middle)				
Street Address		City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email		

GENERAL INFORMATION

Have you ever filed an application and/or been employed by Ingersoll Place before? If yes, please give date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives work here? If yes, please give name, relationship and position:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old? Note: If under 18, hire is subject to verification that you are of minimum legal age.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you present evidence of your identity and legal right to work in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, would you have reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? Note: All Ingersoll Place new hires are subject to a Criminal Background Check and Drug Screen.	<input type="checkbox"/> Yes <input type="checkbox"/> No

On what date are you available to begin work? _____

Days/Hours available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you available to work?
 Full-time
 Part-time
 Per Diem

EDUCATION

Please describe your educational background in the table provided below.

	School Name/ City and State	Years Completed	Diploma/ Degree	Area of Study/Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT EXPERIENCE

Please list your present or previous employers in chronological order with most recent employer listed first. Include any job related military service assignments, self-employment or volunteer activities.

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

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Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Please list any additional information or skills you feel may be helpful to us in considering your application:

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

PERSONAL REFERENCES

Please list two people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ In the event of my employment with Ingersoll Place, I understand that I am required to comply with all rules and regulations of Ingersoll Place. All applicants are subject to a criminal background check and drug testing. Ingersoll Place is a drug-free workplace. As a condition of employment, I am aware that a physical examination, a PPD test and proof of MMR immunizations are required.

_____ I am aware that Ingersoll place is an equal opportunity employer and will consider applicants for all positions without regard to race, age, sex, color, religion, marital status, national origin, disability, veteran status, sexual orientation or any other protected status. Ingersoll Place does not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace. No applicant will be rejected as a result of any impairment, which, with reasonable accommodation, does not prevent performance of the work.

_____ If hired, I understand and agree that my employment with Ingersoll Place is at-will, and that neither I, nor Ingersoll Place is required to continue the employment relationship for any specific term. I further understand that Ingersoll Place or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to Ingersoll Place and that Ingersoll Place is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ Date: _____