

EMPLOYMENT HISTORY – TO BE COMPLETED BY ALL APPLICANTS

Please list **all** employment starting with present or most recent employer. Account for all periods, including unemployment and service with the US Armed Forces. Also include all relevant part-time and voluntary work. **Resume may not be used as a substitute but may be attached. PLEASE DO NOT WRITE "SEE RESUME"**

1	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: To:
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
2	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: To:
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: To:
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: To:
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving
5	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: To:
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

6	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: _____ To: _____
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving
7	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: _____ To: _____
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving
8	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: _____ To: _____
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving
9	Company Name	Telephone (including area code)
	Address	Employed - (State Month & Year) From: _____ To: _____
	Name of Supervisor	Most recent rate of pay
	State Job Title and Describe Your Work	Reason for Leaving

REFERENCES – MINIMUM OF 3 PROFESSIONAL REFERENCES REQUIRED

List associates from present or former employers who can attest to your professional capabilities

	Name and Address	Contact Info Phone/Cell/Email	Occupation and Years Known
1	<input type="checkbox"/> Professional	<input type="checkbox"/> Phone: _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email _____	
2	<input type="checkbox"/> Professional	<input type="checkbox"/> Phone: _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email _____	
3	<input type="checkbox"/> Professional	<input type="checkbox"/> Phone: _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email _____	

This portion of the application form will be shown only to members of the Human Resources or Hiring staff.

B A C K G R O U N D	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain (<i>Note: A conviction will not necessarily be a bar to employment</i>).
	Have you been convicted of any traffic violations in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

APPLICANT'S STATEMENT

<p>I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information or significant omissions will disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.</p> <p>I authorize and agree to cooperate in any investigation of my past employment, education, and background and relieve from liability all persons or entities requesting or supplying such information.</p> <p>I understand that any offer of employment is conditioned upon my successful completion of any of the company's pre-employment screening processes; including, without limitation, the company receiving references that it considers satisfactory, and the satisfactory completion of any pre-employment physical examination the company may require.</p> <p>I understand any offer of employment is contingent upon my producing documentation to verify my identity and US citizenship, or if an alien, my legal authorization to work in the United States, as required by federal law.</p>	<p>I understand and acknowledge that no one other than the Chairman or President of the Company has the authority to enter into an employment contract between me and the Company, and that any such contract must be in writing and executed by me and such officer on behalf of the Company.</p> <p>I understand that should I accept an offer of employment, I may be required as a condition of employment, to execute a non compete agreement and/or confidentiality agreement, in which event I agree to be bound by the terms of such agreement(s).</p> <p>I understand that should I accept an offer of employment, that either the Company or I can terminate my employment at any time for any reason not prohibited by law, that I am not being employed for any specific period of time and that this application does not constitute, nor is to be construed as a contract of employment.</p> <p>I understand that the completion of this application does not establish any obligation of the company to hire me.</p>
Applicant's Signature: _____	Applicant's Printed Name: _____ Date: _____
Witness' Signature: _____	Witness' Printed Name: _____ Date: _____

DRUG/ALCOHOL TESTING

<p>I understand and agree that as a condition of employment, I will be required to undergo and successfully pass a drug test. I also understand and agree that, if employed, I may be subject to for cause, post-accident, random, and/or periodic drug and/or alcohol tests, depending on applicable state law.</p>	
Applicant's Signature: _____	Applicant's Printed Name: _____ Date: _____
Witness' Signature: _____	Witness' Printed Name: _____ Date: _____

IMAGE TECHNICAL SERVICES WILL CONSIDER THIS APPLICATION FOR 30 DAYS AFTER RECEIPT. THEREAFTER, YOU MUST REAPPLY IF FURTHER INTERESTED IN EMPLOYMENT.