



APPLICATION FOR EMPLOYMENT

5496 Lindbergh Ln., Bell, CA 90201

Telephone: (323) 981-2800 – Fax (323) 881-4797

PERSONAL DATA

Last Name	First	Middle	Date
Street Address		City	State Zip
Home Phone ()	Cell Phone ()	Business Phone ()	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Month/Year:			
Position Desired:		Date Available:	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the function that cannot be performed. _____			
<i>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</i>			
Job Status Required : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Are you legally eligible for employment in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of hours per week desired :			
Special Training or Skills (Professional expertise, language, typing, computer, etc.):			
Do you possess a valid California Driver's License? **Complete if required for the position you are applying. <input type="checkbox"/> Yes <input type="checkbox"/> No CDL #: _____ <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C* *(Standard Operators License)			

EDUCATION

School	Name & Location of School	Course of Study Completed	Number of Years Completed	Did You Graduate	Degree or Diploma
High					
College					
Other					
Other					

Professional Licenses/Certifications Held: _____ # _____
 Issuing Date: _____ Expiration: _____
 _____ # _____
 Issuing Date: _____ Expiration: _____

Have any of your licenses/certifications ever been revoked or suspended? No _____ Yes _____ If yes, state reason(s), date of revocation or suspension, and date of reinstatement. _____

Are you related to any employee of IFS? No _____ Yes _____ Who _____

How did you learn about this position?
 Advertisement Walk In Relative Friend Other _____

EMPLOYMENT HISTORY

Please give an accurate and complete full-time and part-time employment record. Start with present or most recent employer. Additional sheets should be attached, if necessary.

Employers Name :		Telephone ()
Address	Employed (State Month/Year) From : To :	
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving: May we contact employer? [] Yes [] No
Employers Name :		Telephone ()
Address	Employed (State Month/Year) From : To :	
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving: May we contact employer? [] Yes [] No
Employers Name :		Telephone ()
Address	Employed (State Month/Year) From : To :	
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving: May we contact employer? [] Yes [] No
Employers Name :		Telephone ()
Address	Employed (State Month/Year) From : To :	
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving: May we contact employer? [] Yes [] No
Employers Name :		Telephone ()
Address	Employed (State Month/Year) From : To :	
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving: May we contact employer? [] Yes [] No

REFERENCES

Please list people we may contact who are familiar with your work background.

Name _____ Company _____ Position/Title _____		
Address _____ City, State, Zip _____		
Phone : () _____		
<hr/>		
Name _____ Company _____ Position/Title _____		
Address _____ City, State, Zip _____		
Phone : () _____		
<hr/>		
Name _____ Company _____ Position/Title _____		
Address _____ City, State, Zip _____		
Phone : () _____		

Person to notify in case of emergency:

Name : _____ Daytime Phone # () _____ Evening Phone () _____

Address _____ City, State, Zip _____

Relationship _____

IMPORTANT - Please Read Carefully, Initial Each Paragraph and Sign Below

(initial on line)

_____ As an equal opportunity employer this company's policy, as well as Federal and State law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age.

_____ As part of this application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character and employment records. I shall complete any additional authorizations requested by the company. I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and 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.

_____ Any offer of employment is contingent on the employee's consent to take business-related physical examination, pre-employment drug screen and background check.

_____ Under no circumstances with this document or any statement contained herein constitute or create a contract for duration of employment. I understand that if I am offered employment with the company, employment is "At-Will," which means I may voluntarily terminate the employment relationship at any time and for any reason and the company retains the same right.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature : _____ Date: _____