

# Independent Inspections, Ltd.

## APPLICATION FOR EMPLOYMENT

Referred By \_\_\_\_\_

Revised 9/07

Independent Inspections, Ltd. is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

<b>PERSONAL INFORMATION</b>			Social Security #	Application Date
Last Name	First Name	Middle	Telephone Number:	
Present Address			City	State Zip
Drivers License #	State	Type	Currently Valid? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you have the legal right to be employed in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Proof of status will be required upon employment	Military Service Status	Draft Classification Status
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Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes  No  If yes, state the offense, location, date and disposition.

NOTE: A conviction will not necessarily disqualify you from employment.

<b>EMPLOYMENT DESIRED</b>	Date You Can Start	Salary Desired
Position(s) applied for	If you have applied to this company before, please indicate where and when.	
If you have relatives employed by this company, please give names.	Do you have special skills, experience or qualifications related to the position(s) applied for?	
Do you seek full or part-time employment?	Hours preferred	

<b>PREVIOUS EMPLOYMENT</b>		Please Explain Any Gap In Employment History Below			
Please List Most Recent Employment First	Name/Location/Phone #	Position	Salary	Reason For Leaving	May we contact Employer listed?
1	From			Reason For Leaving	YES/NO
	To				
2	From			Reason For Leaving	YES/NO
	To				
3	From			Reason For Leaving	YES/NO
	To				

## EDUCATION

Name, Address and Location

	Dates	Graduate?	Courses Studied/Majors
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma:
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma:
College	From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma:
Trade School	From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma:

## PERSONAL REFERENCES

PLEASE LIST 3 NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

	NAME AND ADDRESS	TELEPHONE	RELATIONSHIP/ YEARS KNOWN
1			
2			
3			

### AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Independent Inspections, Ltd. to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Independent Inspections, Ltd. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody from Independent Inspections, Ltd. is authorized to enter into any written or verbal employment contracts with me for any period of time without the express written consent of the President of Independent Inspections, Ltd. I also understand that my employment is "at-will" and may be terminated by Independent Inspections, Ltd. at any time, with or without cause or advance notice, except as prohibited by statute or public policy.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Interviewed By**

**DO NOT WRITE BELOW THIS LINE**

**Interview Date**

**REMARKS**

**PERMISSION FOR REFERENCE RELEASE**

**To:** \_\_\_\_\_  
(Company Name of Current or Previous Employer)

\_\_\_\_\_  
(Company Phone Number)

**From:** \_\_\_\_\_  
(Applicant' s Name)

**Please be advised that I am making application for employment with  
Independent Inspections, Ltd.**

As part of my application, I authorize Independent Inspections, Ltd. to request educational, personal and employment references. I also release from any and all liability all individuals and organizations who provide information to Independent Inspections, Ltd. concerning my employment competence, ethics, character and other qualifications, including otherwise privileged or confidential information.

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

**PERMISSION FOR REFERENCE RELEASE**

**To:** \_\_\_\_\_  
(Company Name of Current or Previous Employer)

\_\_\_\_\_  
(Company Phone Number)

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Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

