

ITR AMERICA EMPLOYMENT APPLICATION

Name: (Please Print) _____

Position Applying for: _____

How Did You Learn About Us?

_____ Advertisement

_____ Friend

_____ Relative

_____ Internet

_____ Recruited

_____ School

_____ Employment Service

_____ Other

Name of Source: _____

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, ancestry, age, disability, handicap, marital or veteran status, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

PRE-EMPLOYMENT DRUG TESTING REQUIRED

APPLICATION FOR EMPLOYMENT

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This application is valid only for the position(s) listed on this application and is void after 90 days

(PLEASE PRINT)

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number(s) (____) _____ (____) _____
Day Night

Social Security Number: _____

Email: _____

Position(s) Applied For: _____

Desired Starting Salary: _____ Date Available for Work: _____

Preferred Location: _____ Would you consider relocation? _____

Willing to Work: Full Time _____ Part Time _____ Temporary _____

Are you legally eligible for employment in the U.S.A.? _____

(Proof of citizenship or employment-eligible immigration status required upon employment)

Are you at least 18 years of age? Yes ___ No___. (DO NOT INCLUDE YOUR AGE OR DATE OF BIRTH ON THIS APPLICATION.)

Are you related by kinship or marriage to any current employee of this Company or any of its affiliates? (The Human Resources Department has a list of current affiliates.)

Yes _____ No _____ If yes, which company? _____

If yes, give name/relationship of kin. _____

Have you previously been employed by this Company or any of its affiliates?

Yes _____ No _____ If yes, which company? _____

From: _____ To: _____ Department: _____

Position: _____ Reason For Leaving: _____

Have you ever been convicted of, plead guilty to, plead no contest to, or paid a fine for any criminal offense (including under the Uniform Code of Military Justice)? (DO NOT INCLUDE ANY CONVICTION THAT HAS BEEN EXPUNGED OR SEALED OR DISCHARGED UNDER GEORGIA'S "FIRST OFFENDER" CRIMINAL CONVICTION STATUTES, O.C.G.A. §§ 42-8-60, and following). Yes ____ No ____ . It is not necessary to include parking or speeding tickets unless you are applying for a position that requires driving. (Use of information about conviction is limited to convictions that are job-related; a record of conviction does not necessarily disqualify an applicant from employment.)

Have you ever been accused in a civil action of an intentional tort? Yes ___ No ___. If so, what is the nature of the tort you were accused of? _____
If so, what was the disposition of the civil action? _____
(Use of information about civil actions is limited to information that is work-related; being involved in such an action does not necessarily disqualify an applicant from employment.)

EMPLOYMENT HISTORY – List employment for the previous 10 years. List most recent job first. Use “OTHER INFORMATION” section for additional employer information. Use more sheets if necessary. Please account for **all** periods of unemployment (whether voluntary or involuntary) in the “OTHER INFORMATION” section near the end of this application. **NOTE:** Complete all questions asked about previous employment. "See resume" is not considered a complete response.

1. Employer: _____

Address: _____

Job Title: _____ Supervisor: _____

Phone # _____ Dates: From _____ To: _____

Hourly Rate / Salary: Starting: _____ Ending: _____

Job Description: _____

Reason for Leaving: _____

2. Employer: _____

Address: _____

Job Title: _____ Supervisor: _____

Phone # _____ Dates: From _____ To: _____

Hourly Rate / Salary: Starting: _____ Ending: _____

Job Description: _____

Reason for Leaving: _____

3. Employer: _____

Address:

Job Title: _____ Supervisor: _____

Phone # _____ Dates: From _____ To: _____

Hourly Rate / Salary: Starting: _____ Ending: _____

Job Description: _____

Reason for Leaving: _____

Do you object to us contacting any of the employers listed above or in the OTHER INFORMATION section? Yes _____ No _____ If yes, which one(s)?

Why? _____

Have you ever been disciplined, counseled, warned, asked to resign or discharged at any organization for which you have worked, or have you resigned to avoid discharge?

Yes ___ No _____. If yes, explain in the "OTHER INFORMATION" section. Use more sheets if necessary.

Education History: School City/State # of Years Attended Graduated Yes/No

Elementary

High

College

Other

Drivers License # and State _____

If position involves use of Company vehicle, answer questions below:

Regular License Yes ___ No ____ No Commercial License Yes ___ No _____

Personal References
(Do Not List Former Employers or Relatives)

Name	Address	Occupation	Phone #
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1.

2.

3.

Is any additional information relative to social security number, change of name, nickname, or use of an assumed name necessary to enable a check on your work and education record?

Yes__ No__

If yes, please supply information: _____

OTHER INFORMATION:

To assist us in further evaluating your qualifications for a position at ITR America, the additional space provided below is for your use in explaining your response to previously asked questions or to complete responses not possible in the space provided. Attach more sheets if necessary.

I certify that the information provided in this application and any supporting documents is true and complete to the best of my knowledge and that I have not withheld anything that, if disclosed, would affect this application unfavorably. I understand that any misleading or incorrect statements or responses or willful omissions on this or any other record submitted pertinent to employment may cause this application to be void. I authorize my previous employers, schools, credit reporting agencies, and other persons named above to give any information they may have regarding me, whether or not it is in their records. I hereby fully release, forgive and acquit such employers, schools, credit reporting agencies or other persons from all liability for any damage resulting from this information. I agree to sign such additional authorizations and consents as are necessary to conduct reference and background checks on me.

I acknowledge that the Company requires pre-employment drug testing, and I agree to sign such additional authorizations and consents as are necessary to conduct any such testing on me.

I UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND NOT AN EMPLOYMENT CONTRACT AND THAT THE COMPANY'S RECEIPT OF THIS APPLICATION DOES NOT ENTITLE ME TO EMPLOYMENT.

I UNDERSTAND THAT EMPLOYEES OF THE COMPANY ARE EMPLOYED AT THE WILL OF THE COMPANY FOR AN INDEFINITE PERIOD AND MAY RESIGN OR BE TERMINATED AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE. I FURTHER UNDERSTAND THAT THE COMPANY MAY TAKE ANY OTHER ACTION CONCERNING EMPLOYMENT WITH THE COMPANY WITH OR WITHOUT CAUSE OR NOTICE AND WITHOUT FURTHER OBLIGATION TO THE EMPLOYEE AT THE SOLE AND ABSOLUTE DISCRETION OF THE COMPANY. THE AT WILL NATURE OF AN EMPLOYEE'S EMPLOYMENT MAY NOT BE ALTERED EXCEPT IN AN EXPRESS WRITTEN AGREEMENT SIGNED BY BOTH THE EMPLOYEE AND THE PRESIDENT OF THE COMPANY.

Signature of Applicant _____