

Innovative Design, Inc.
Application for Employment Form
AN EQUAL OPPORTUNITY EMPLOYER

Applicant Information	
FIRST NAME, MIDDLE INITIAL, LAST NAME	DATE OF APPLICATION
SOCIAL SECURITY NUMBER (SSN)	<p align="center">APPLICATION INSTRUCTIONS</p> <ul style="list-style-type: none"> • Please read all information, requests, and questions carefully on the application. • PRINT CLEARLY and complete all pages of the application. Incomplete or intelligible applications will not be processed. If an item does not apply, please put N/A in the space provided. • If more space is required, please attach additional application sheets. • Applications must be signed and dated by applicant.
PRESENT ADDRESS (NUMBER & STREET ADDRESS)	
(CITY, STATE, ZIP CODE)	
PHONE NUMBER	
HOW DID YOU HEAR ABOUT OUR COMPANIES JOB OFFER?	
<p>Applicant Notice: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process, or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, color, national origin, religion, age and disability or other categories protected by local, state, or federal law. Additional testing of job-related skills such as presence of illegal drugs and controlled substances in your body may be required prior to employment, additional reports may be run such as a credit report. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and medical examination designated by a medical professional by the company.</p>	

Employment Desired		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	

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Education History			
HIGH SCHOOL			
NAME OF SCHOOL	LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?

COLLEGE			
NAME OF COLLEGE	LOCATION OF COLLEGE	YEARS ATTENDED	DID YOU GRADUATE?
FEILD OF STUDY	EXTRA CURRICULAR ACTIVITIES (CLUBS, COMMITTEES)		

TRADE SCHOOL, GRADUATE DEGREE PROGRAMS, OTHER CERTIFICATION COURSES/TRAINING			
NAME OF INSTITUTION	LOCATION OF INSTITUTION	YEARS ATTENDED	DID YOU GRADUATE?
FEILD OF STUDY	ADDITIONAL COMMENTS:		

ADDITIONAL APPLICABLE SKILLS OR COMMENTS:

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PRIOR EMPLOYERS (Please list below four previous employers, starting with most recent first)

NAME OF COMPANY	COMPANY ADDRESS		(CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	START DATE	END DATE	JOB POSITION/TITLE
SALARY AMOUNT/ PAY STRUCTURE	REASON FOR LEAVING:		
MAY WE CONTACT?			

NAME OF COMPANY	COMPANY ADDRESS		(CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	START DATE	END DATE	JOB POSITION/TITLE
SALARY AMOUNT/ PAY STRUCTURE	REASON FOR LEAVING:		
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LIST OF REFERENCES (Please list 3 non-family members and 1 may be a family member)

NAME OF REFERENCE	PHONE NUMEBR	RELATIONSHIP
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CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis of termination of the application process, or if employment commences, immediate termination. I authorize Innovative Design, Inc. to contact former employers and educational organizations regarding my employment, attendance and grades. I authorize Innovative Design, Inc. to conduct a criminal background check. A credit report may be run only if the applicant is applying for a position in which involves the handling of financial records or purchasing of equipment and supplies. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment education.

These measures are taken to ensure equal opportunity employment for every applicant.

I have read and understand the certification above.

Applicant Name (Print): _____

Applicant Signature: _____ Submitted Date: _____