



Employment Application

Name: _____ Date: _____
First Middle Last

Address: _____
Street

City State Zip

Home phone: _____ Cell Phone: _____

Email address: _____ Position applying for: _____

Are there other names under which you have worked or attended school? *(If hired, you will be required to provide proof of work authorization.)*

No Yes *(please list)*

Have you lived / worked in any other states in the last 12 months?

No Yes *(please list)*

Are you at least 18 years old? *(If not, your employment will be subject to verification that you meet state / federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)*

No Yes

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? *(Convictions are not an automatic bar to employment. If yes, please explain below the nature of the crime, date of conviction and state in which convicted.)*

No Yes

Do you have any pending criminal charges against you? *(If yes, please describe below the nature of the charges, date issued and county and state where issued.)*

No Yes

Have you ever applied at this company before?

No Yes *(If yes, when?)*

Have you ever worked at this company before?

No Yes *(If yes, when?)*

Salary/Hourly wage desired: \$ _____

When can you start? _____

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Education

School	Name and location (City, State)	No. years attended	Subjects studied	Diploma/degree received
High School				
College				
Graduate				
Other (specify)				

Training Courses and Special Skills

Describe any specialized training, apprenticeships, licenses, or skills relevant to position desired.

Course/Seminar	Sponsoring organization	Content	Dates(s) attended

Required Licenses(s)

If you are required to drive a motor vehicle for the job applying for, please state your:

Driver's license number: _____

State issued: _____

Are you licensed with any group, association or society relating to the job for which you are applying?

No Yes (please list)

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Employment History

(Start with most recent; use separate sheet if necessary.)

Name of employer: _____ Telephone: _____
Address: _____ If currently employed, may we contact as a
reference? No Yes
Employment dates: _____
Job title: _____
Name of immediate supervisor: _____
Description of duties: _____
Reason for leaving: _____
Salary: _____
Start End

Name of employer: _____ Telephone: _____
Address: _____ If currently employed, may we contact as a
reference? No Yes
Employment dates: _____
Job title: _____
Name of immediate supervisor: _____
Description of duties: _____
Reason for leaving: _____
Salary: _____
Start End

Name of employer: _____ Telephone: _____
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reference? No Yes
Employment dates: _____
Job title: _____
Name of immediate supervisor: _____
Description of duties: _____
Reason for leaving: _____
Salary: _____
Start End

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Name of employer: _____	Telephone: _____
Address: _____	If currently employed, may we contact as a reference? No Yes
_____	Employment dates: _____
Job title: _____	
Name of immediate supervisor: _____	
Description of duties: _____	
Reason for leaving: _____	
Salary: _____	
<i>Start</i> <i>End</i>	

Employee References

(Please use only professional references. No friends or relatives.)

Name: _____	Telephone: _____
Address: _____	Relationship: _____
_____	How long known? _____
Name: _____	Telephone: _____
Address: _____	Relationship: _____
_____	How long known? _____
Name: _____	Telephone: _____
Address: _____	Relationship: _____
_____	How long known? _____

Experience

(Place checkmark next to each item that you have experience with.)

Machines Operated On

- Brake Press - Manual
- Burning Table (Setup or Operate)
- Cutting Torch
- Jib Crane
- Overhead Crane
- Mill - Manual
- Drill Press (Setup or Operate)
- Band Saw Vertical
- Band Saw Horizontal
- Other:

Miscellaneous Experience

- Forklifts
- Grinders
- Jigs/Fixtures - Setup
- Own Layouts and Setups
- Blueprints
- Assembly - Mechanical
- Assembly - Electrical/Electronics
- Angel Iron Rolling
- Other:

Welding Experience

- Certified SMAW
- Certified FCAW
- Certified GMAW
- Certified GTAW
- Certified ASME
- Certified (State or In-house, expires:___)
- Metal Thickness - 24 to 10 Gauge
- Metal Thickness - 3/16" to 1"
- Fabricate Own Parts
- First Piece Inspection
- Custom Fabrication
- Forming and/or Bending
- Other:

Types of Metals

- Stainless Steel
- Carbon Steel
- Cast Iron
- Exotic Metals
- Aluminum
- Galvanized Metal
- Other:

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Please **read** carefully before signing this **form**

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified)

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Applicant Signature: _____ Date: _____

Thank you for your interest in IVI.

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Employee Voluntary Self-Identification Survey Form for EEO-1 Reporting Requirements

Employee Name: _____

Current Position: _____

We are subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we are required to invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

1. What is your gender? ___ Male ___ Female

2. Please identify your race:

_____ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **Asian** - A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent, Including for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Black or African American** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Two or More Races** - All persons who identify with more than one of the above five races.

3. How were you referred to this job?

___ Walk in ___ State Job Service ___ Employment agency
___ School/College ___ Employee Referral ___ Advertisement (please list):

Thank you for completing this form.

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Background Screen Form

In order to process background screen(s), please provide the following information along with the signed Consumer Report Disclosure, Release and Consent.

Name: _____ **Date:** _____
(Printed) First Middle Last

Maiden name or other names used: _____

Present address:	_____	County:	_____
	Street		
	_____	How long?	_____
	City State Zip		

Former address:	_____	County:	_____
	Street		
	_____	How long?	_____
	City State Zip		

Present address:	_____	County:	_____
	Street		
	_____	How long?	_____
	City State Zip		

Date of birth: _____ **Gender:** _____ **Social Security #:** _____

Driver's license number: _____ **Issuing state:** _____ **Race:** _____

Please fill out the attached Consumer Report Disclosure, Release and Consent form.

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