



EMPLOYMENT APPLICATION

Inland Label & Marketing Services, LLC is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability or any other basis prohibited by federal or state law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY – BE SURE TO SIGN THIS APPLICATION

Date: _____

Name: _____ Social Security Number _____

First Middle Last

Address: _____

Number Street City State Zip Code

Home Phone: _____ Business Phone: _____

Have you been previously employed by this company? Yes No

If yes, when? _____ In what capacity? _____

Who referred you to this company? Friend/Relative _____ (Name)

Our Advertisement (Circle One) Radio Newspaper Internet Posting TV Other Ad

Employment Agency _____ (Name)

Job Service _____ (Name)

Other _____ (Please List)

EMPLOYMENT DESIRED

Position(s) applied for _____ Full-Time Part-Time

If part time, what days and hours are you available? _____

Date available to start _____ Salary requirement _____

PERSONAL DATA

Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the United States? Yes No

Are you at least 18 years old? Yes _____ No _____

Have you been convicted of a misdemeanor or felony or released from prison in the past 7 years? ___ Yes ___ No

NOTE: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain.

Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial or dropping of the charge)? ___ Yes ___ No

NOTE: A yes answer does not automatically disqualify you from employment since the nature of the offense and type of job for which you are applying will be considered. If yes, please explain.

EDUCATION AND TRAINING:

Schools Attended	Name of School / Location	Did you Graduate? Yes No	Degree/ Diploma/ Certificate?	Major Course Of Study
High School	Circle Highest Grade Completed 9 10 11 12			
Technical, Vocational Or Business				
College or University				
Graduate School				
Professional Seminars				

Additional JOB RELATED seminars, short courses, workshops or other educational experiences:

JOB RELATED certificates, licenses, equipment qualified to operate, computer hardware and software operated and other JOB RELATED special skills and abilities:

MILITARY:

Branch _____ From _____ To _____

What were your duties:

Did you receive any specialized training? Yes _____ No _____ If yes, describe:

EMPLOYMENT HISTORY:

Please give accurate and complete information. Start with present or most recent employer. Please complete even if a resume is attached. Attach an additional sheet if necessary.

Company Name _____ Telephone Number _____

Address: _____ Employed from ____/____/____ to ____/____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities _____

Reason for Leaving or Searching for other Employment _____

Company Name _____ Telephone Number _____

Address: _____ Employed from ____/____/____ to ____/____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities _____

Reason for Leaving or Searching for other Employment _____

Company Name _____ Telephone Number _____

Address: _____ Employed from ____/____/____ to ____/____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities _____

Reason for Leaving or Searching for other Employment _____

REFERENCES:

May we communicate with your present employer? ___ Yes _____ No

List three people (no relatives) you have worked with, that you do not live with and whom we may contact for a reference.

Name Address Telephone

Name Address Telephone

Name Address Telephone

Friends or relatives employed by Inland Label & Marketing Services, LLC:

Name _____ Relationship _____

Name _____ Relationship _____

Please read the following statements carefully before you sign your name:

“I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to Inland. I have read, understand and agree to the above statement. (Please initial here). _____

I further understand that no representative of Inland has the authority to enter into any agreement for employment for any specified period of time and that Inland is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by Inland, and if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here.) _____

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with Inland, it will be necessary for me to complete a new application form.

If employed, I agree to abide by all of the work and safety rules of Inland Label & Marketing Services, LLC. I understand that Inland is committed to maintaining a drug-free workplace. I am aware that Inland may require a drug test as a part of the hiring process. Also, if employed, I realize that Inland conducts post-accident, reasonable suspicion or random drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement. (Please initial here.) _____

SIGN HERE: _____ **DATE:** _____