



Application for Employment

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP

CONTACT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SSN	
PRESENT ADDRESS		CITY	STATE	ZIP
HOME PHONE NUMBER	MOBILE PHONE NUMBER	EMAIL ADDRESS		
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, CAN YOU PROVIDE WRITTEN EVIDENCE THAT YOU ARE AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO		

CAREER INTEREST

POSITION(S) DESIRED				
I AM SEEKING A: <input type="checkbox"/> FULL TIME POSITION <input type="checkbox"/> PART TIME POSITION <input type="checkbox"/> TEMPORARY POSITION	ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES - STATE: _____ <input type="checkbox"/> NO	DATE AVAILABLE	SALARY DESIRED

SKILLS AND EXPERIENCE

TECHNICAL	LIST OR DESCRIBE PATENTS, PUBLICATIONS, SPECIAL RESEARCH, PROGRAMMING LANGUAGES, AND COMPUTERS YOU HAVE EXPERIENCE WITH

OFFICE	LIST OFFICE MACHINES YOU CAN OPERATE

FACTORY	LIST SHOP MACHINES YOU CAN OPERATE (LATHES, MILLS, ETC.)
	LIST EMPLOYMENT RELATED CRAFTS IN WHICH YOU HAVE EXPERIENCE

EDUCATION

SCHOOL TYPE	SCHOOL NAME	GRADUATED		GPA	MAJOR AND MINOR STUDIES
		YES	NO		
HIGH SCHOOL					N/A
TRADE, TECH, OR VOCATIONAL SCHOOL					
JUNIOR COLLEGE					
COLLEGE OR UNIVERSITY					
GRADUATE STUDIES					
MILITARY EXPERIENCE					
OTHER TRAINING					

CAREER HISTORY

PLEASE LIST ALL EMPLOYMENT, STARTING WITH YOUR PRESENT OR MOST RECENT OCCUPATION.

DATES	1. COMPANY	1. JOB TITLE
FROM	2. ADDRESS	2. DEPARTMENT
TO	3. CITY, STATE, ZIP CODE	3. SUPERVISOR'S NAME
MO/YR	4. TELEPHONE NUMBER	4. SUPERVISOR'S TITLE
	1.	1.
	2.	2.
	3.	3.
	4.	4.
JOB DESCRIPTION		REASON FOR LEAVING
	RATE OF PAY	
	STARTING	
	LAST	
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	STARTING	
	LAST	

MAY WE CONTACT YOUR PRESENT EMPLOYER

- YES
 NO

HOW DID YOU LEARN OF OUR ORGANIZATION



Application for Employment

I certify that the answers given herein are true and complete to the best of my knowledge. I give IntelliTrak Inc. the authorization to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of IntelliTrak Inc.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulation of IntelliTrak Inc.

I also understand that IntelliTrak Inc. retains the right to require all employees to undergo a physical, drug test, or alcohol test before the end of the employee's probationary period, and at any time as enumerated in IntelliTrak's Drug Use and Abuse policy.

Date: _____ Applicant signature: _____