

Last Name	First	Middle	For personnel use				Date of application				
Street address			Type(s) of work desired								
City	State	ZIP code					Telephone no. Home: Work:				
How were you referred to Company? (Circle only one)	By your college	B Advertisement	C Employment Agency	D By an employee	If so, give name:	E Military service	F Walk-in	G Resume or letter	H Open house	I Other	

Application for Employment

Please read carefully and complete by printing in ink or typing.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

ICE is a tobacco and drug free workplace. All employees are subject to pre-employment, random and reasonable belief testing throughout employment. *ICE does not hire tobacco users.*

Applicants must meet ITAR regulations: an Authorized Permanent Resident or US Citizen.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will not be used for any discriminatory purpose.

Educational History

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era veteran status)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills

<i>To be completed by applicant for office/clerical work</i>		<i>To be completed by applicant for shop/plant work</i>	
Typing	Words per minute		
Type of machines operated		Years experience	
Dictation	Words per minute		

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Computer skills Hardware
 Software

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Please list other skills and/or equipment/language experience you have acquired

List other shop/production skills

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Served apprenticeship When served

	Type of apprenticeship
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Miscellaneous

If yes, when

Were you previously employed by Company?

If yes, list below

Do you have any relative(s) currently employed by Company?

Name	Relationship	Name	Relationship
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If yes, list below

(A conviction record will not necessarily bar you from employment)

Have you been convicted of any crimes other than minor traffic violations during the past seven years?

Will visa or immigration status prevent lawful employment?
Proof of citizenship or immigration status will be required upon employment.

If yes, which shifts?

Would you be willing to work other than the day shift?

Do you have a disability that may affect your ability to perform the job applied for or for which you would like Company to consider in determining your job placement?

If yes, briefly describe any reasonable accommodations you feel Company can make to assist you in the interview or in working for ICE.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

Last or present company	Type of business	Title or job classification
Street address	Phone no.	Brief description of job duties
City	State	ZIP code
Supervisor's name and title	Phone no.	

Base salary	Dates worked From	To	
Reason for leaving			
Last or present company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked From	To	
Reason for leaving			
Last or present company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked From	To	
Reason for leaving			

U.S. Military Record

Branch of service _____ From _____ To _____

Present military affiliation:

None _____ Reserve (active) _____ Reserve (inactive) _____

Kinds of training and duty while in service _____

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, zip code)	Phone no. (include area code)	Occupation

May we contact your present employer? Yes _____

Wage or salary required _____

Date available _____

CERTIFICATION and RELEASE

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the company and/or its agents to verify any statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize all persons, employers, schools, companies and law enforcement authorities to release any information concerning my employment, character and qualifications and hereby release any said persons, employers, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that the use of illegal drugs is prohibited during employment and I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application form is intended to be used in evaluating my qualifications for employment and is not an employment contract. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge at any time during my employment. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the company or myself. I also understand that I am required to abide by all of the rules and regulations of the company.

Any and all former employers who provide information to the company are released from liability arising from such disclosures. I understand, agree and authorize that a copy or facsimile of this form to be as valid as the original.

Signature

Date

If any of your educational or employment records are under other than the above name, please provide other names.

Equal Employment Opportunity Form

Applicant Information

Full Name:

Last

First

MI

Address:

Street Address

Apt/Unit #

Home Phone:

Social Security Number:

Position Applied For:

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company

Racial or Ethnic Group

American Indian/Alaskan
Hispanic/Latino

Asian/Pacific Islander
White/Caucasian

Black/African American
Other

Gender

Female

Male

Military Service

Pre- Vietnam
Post-Vietnam

Vietnam Era
Disabled Veteran

How did you hear about this position?

Newspaper
Job Fair
Other

Company Employee
Placement Office

Professional Publication
Web Site

