



Application for Employment

IPP's goal is to provide equal employment opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status as a veteran or any other characteristic protected by federal, state or local law. To ensure this, IPP has a policy that enforces the disqualification of this application if information other than requested is provided.

| Personal Information | | | | |
|---|---|---|---|---|
| Last Name | First Name | MI | Preferred Name | |
| | | | | |
| Present Address | City | State, Zip Code | | |
| | | | | |
| Home Telephone | Work Telephone | Mobile Phone | Primary Method for Contact | |
| () | () | () | | |
| Email Address | | | | |
| Are you authorized to work legally in the U.S. for any employer? | | <input type="checkbox"/> Y <input type="checkbox"/> N | Are you over the age of 18? | |
| | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Have you been convicted of a crime or are there pending charges against you? <i>A convictional record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.</i> | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| If yes, please explain: | | | | |
| General Information | | | | |
| Position Applied for / Job Number | Type of Work Sought | Salary Desired | | |
| | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | \$ | Per <input type="checkbox"/> year <input type="checkbox"/> hourly | |
| How did hear about this position? | <input type="checkbox"/> Job Board <input type="checkbox"/> TX Workforce <input type="checkbox"/> Job Fair <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Referral <input type="checkbox"/> Other | | | |
| List name of referring individual or other source | | | | |
| Availability to Travel | Availability to Work : <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Shift work | | | |
| <input type="checkbox"/> 0% <input type="checkbox"/> 10-25% <input type="checkbox"/> 30-50% <input type="checkbox"/> 70+% | Date Available to Start: (mm/dd/yy) | | | |
| Are you willing to relocate? | <input type="checkbox"/> Y <input type="checkbox"/> N | Geographic Preference | | |
| Have you previously applied for employment with our company? (mm/yy) | | | <input type="checkbox"/> Y <input type="checkbox"/> N when? | |
| Have you ever been employed by our company? (mm/yy) | | | <input type="checkbox"/> Y <input type="checkbox"/> N when? | |
| Do you have relatives employed by our company? | | <input type="checkbox"/> Y <input type="checkbox"/> N | Name: | |
| Have you ever been involuntarily discharged or separated from a job? | | | <input type="checkbox"/> Y <input type="checkbox"/> N when? | |
| Are you subject to a non-compete or other agreement which would preclude or restrict your employment at our company? | | | <input type="checkbox"/> Y <input type="checkbox"/> N when? | |
| Educational Background | | | | |
| School or Institution | Name and Location | Degree / Major | GPA | Graduated? |
| High School or equivalent | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Two year college / Technical or Trade School | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| University / College | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Graduate | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

Military Service

| Branch | Rank upon Separation | Type of Discharge |
|---------------------|----------------------|-------------------|
| | | |
| Duties and Training | | |

Other Applicable Training/Skills

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|-------------------------------|--|
| Technical Training | |
| Clerical / Business Training | |
| Software / Programming Skills | |
| Hardware Skills | |

Employment History

| 1. Name of Most Recent Employer | | | | | Address | |
|--|---|------------------------|-------------------------------|----------|---------|--|
| | | | | | | |
| Position / Title | | Supervisor | | Contact: | | |
| Dates of Employment (mm/yy – mm/yy) | | Reason for Separation: | | | | |
| May we Contact? | <input type="checkbox"/> Y <input type="checkbox"/> N | | Base Ending Salary/Frequency: | \$ | | |
| Essential Duties and Responsibilities | | | | | | |
| | | | | | | |
| 2. Name of Employer | | | | Address | | |
| | | | | | | |
| Position / Title | | Supervisor | | Contact: | | |
| Dates of Employment (mm/yy – mm/yy) | | Reason for Separation: | | | | |
| May we Contact? | <input type="checkbox"/> Y <input type="checkbox"/> N | | Base Ending Salary/Frequency: | \$ | | |

Essential Duties and Responsibilities

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|--|---|--------------------------------------|--|-----------------|--|
| 3. Name of Employer | | Address | | | |
| | | | | | |
| Position / Title | | Supervisor | | Contact: | |
| Dates of Employment (mm/yy – mm/yy) | | Reason for Separation: | | | |
| May we Contact? | <input type="checkbox"/> Y <input type="checkbox"/> N | Base Ending Salary/Frequency: | | \$ | |

Essential Duties and Responsibilities

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|--|---|--------------------------------------|--|-----------------|--|
| 4. Name of Employer | | Address | | | |
| | | | | | |
| Position / Title | | Supervisor | | Contact: | |
| Dates of Employment (mm/yy – mm/yy) | | Reason for Separation: | | | |
| May we Contact? | <input type="checkbox"/> Y <input type="checkbox"/> N | Base Ending Salary/Frequency: | | \$ | |

Essential Duties and Responsibilities

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Notification and Agreement

PLEASE READ BEFORE SIGNING

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date